

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90103 020 ****61.25

DOCUMENT # 761164

1. Entity Name

THE S.B.C. 6954, INC.



Principal Place of Business

**9020 W ATLAS DR
HOMOSASSA FL 34446
US**

Mailing Address

**PO BOX 1419
HOMOSASSA SPRINGS FL 34447
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2629798**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BROKHOFF, EDWARD E
1567 N MARLBOROUGH LOOP
CRYSTAL RIVER FL 34429-8714**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MCCARTY, JAMES**
STREET ADDRESS **4702 W OLD CITRUS RD**
CITY-ST-ZIP **LECANTO FL 33461**

TITLE **VP** ☒ Delete
NAME **MATTINGLY, CHARLES**
STREET ADDRESS **4344 W. GLEN STREET**
CITY-ST-ZIP **LECANTO FL**

TITLE **DT** ☐ Delete
NAME **MCCAULEY, ARTHUR**
STREET ADDRESS **7017 W. WALDEN WOODS DR**
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **D** ☐ Delete
NAME **PEARSALL, DONALD**
STREET ADDRESS **34 PAGODA DRIVE**
CITY-ST-ZIP **HOMOSASSA FL**

TITLE **D** ☐ Delete
NAME **NADOLNY, FRANK S**
STREET ADDRESS **10455 S SUNCOAST #77**
CITY-ST-ZIP **HOMOSASSA FL**

TITLE **SD** ☐ Delete
NAME **GUERTIN, RAOUL**
STREET ADDRESS **33 BIRCH TREE ST.**
CITY-ST-ZIP **HOMOSASSA FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.P.** ☒ Change ☐ Addition
NAME **DAVID W. QUINLAN**
STREET ADDRESS **6 CATALPA CT.**
CITY-ST-ZIP **HOMOSASSA, FL. 34446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

JAMES A. MCCARTY 4-10-03 352-746-2552

CR2E037 (10/02)