

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762598

1. Entity Name

LAKELAND EVENING SERTOMA CLUB, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90011 024 ****61.25

Principal Place of Business

% RALPH SARGEANT
232 N. MASSACHUSETTS AVENUE
LAKELAND FL 33801

Mailing Address

% RALPH SARGEANT
232 N. MASSACHUSETTS AVENUE
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2252271

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARDEN, RALPH
1221 MEADOWOOD
LAKELAND FL 33813

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.

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	HARDEN, RALPH	
STREET ADDRESS	1221 MEADOWOOD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	JAMES DWALL	
STREET ADDRESS	5516 CLUB HILL W.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> Delete
NAME	SENZAMICI, TONY	
STREET ADDRESS	620 TRAVIS CIRCLE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	<input checked="" type="checkbox"/> C	<input type="checkbox"/> Delete
NAME	WALLER, MIKE	
STREET ADDRESS	823 WOODMONT LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> Delete
NAME	WITTE, GARY	
STREET ADDRESS	1902 CHEROKEE TRAIL	
CITY-ST-ZIP	LAKELAND FL	
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME	SHERROUSE, KENNETH	
STREET ADDRESS	13415 MOORE ROAD	
CITY-ST-ZIP	LAKELAND FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Bill wheeler
STREET ADDRESS	1203 Heidi Ln. N.
CITY-ST-ZIP	Lakeland, FL 33813
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T Ralph Sargeant
STREET ADDRESS	232 N. MASS. Ave.
CITY-ST-ZIP	Lakeland, FL 33801
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S David Eby
STREET ADDRESS	4825 Fox Run
CITY-ST-ZIP	Lakeland, FL 33813
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kenneth Sherrouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-2000 863-858-5649
Date Daytime Phone #

CR2E037 (5/00)