**FILED** NOT-FOR-PROFIT CORPORATION Jun 03, 2002 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State 762696, DOCUMENT # 06-03-2002 91209 002 \*\*\*\*61.25 1. Entity Name OVER 50 DANCE CLUB, INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address P.O. Box 1494 <u>P.o. Box 1494</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Palatka, Florida <u>Palatka,</u> Florida Applied For 4. FEI Number City & State City & State 59-2222157 Not Applicable Zip Country \$8.75 Additional Country Zio 5. Certificate of Status Desired 32178 32178 Putnam Fee Required Putnam 7. Name and Address of Current Registered Agent <u>Janice R. Coyle</u> DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)
111 Skeet Club Road IN THIS SPACE Palatka, Florida 32177 Zip Code City 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 Make Check Payable to 9. Election Campaign Financing **FEE IS \$61.25** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State Initial or Amended UBR OFFICERS AND DIRECTORS Changes to Officers and Directors 10. CR2E037B (12/01) PD TITLE Grabhorn, Catherine NAME NAME Janice R. Coyle (Delete) STREET ADDRESS STREET ADDRESS 2908 Meadows 111 Skeet Club Road CITY-ST-ZIP CITY-ST-ZIP Palatka, Florida <del>Palatka, Florida 32177</del> TITLE William A. Coyle TD NAME NAME Konjati, Eunice SD STREET ADDRESS 111 Skeet Club Road STREET ADDRESS 7204 Tierra Woods Drive CITY-ST-ZIP CITY-ST-ZIP Palatka, Florida≃ 32177 Palatka Florida TITLE TITLE Deceased NAME NAME (Delete) Jones: Marshal STREET ADDRESS DO NOT WRITE STREET ADDRESS Rt. 4, Box 1008, Palatka CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE Horner, Shirley NAME NAME Asst. D. 2019 Kate St. STREET ADDRESS STREET ADDRESS Palatka, Florida CITY+ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JULLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 teport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with attended the empowered.

-30-02 386-312-4888

attachment with an address, with all other like empowered.

SIGNATURE: