

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90122 049 ****66.25

DOCUMENT # 766831

1. Entity Name

INVERNESS SERTOMA CLUB, INC.

Principal Place of Business

P.O. BOX 1415
 INVERNESS FL 34451
 US

Mailing Address

P.O. BOX 1415
 INVERNESS FL 34451
 US

873802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2269531

Applied For

Not Applicable

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

DIGUGLIELMO, SAM
310 N. CITRUS AVENUE
INVERNESS FL 34450

Name

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

City

FL

Zip Code

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

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **THOMAS, ROBERT C**
 CITY-ST-ZIP **3424 S WINDING PATH**
INVERNESS FL 34450

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **GERALD H LEVERNE**
 CITY-ST-ZIP **220 W. Keller ST.**
HERNANDO FL 34442

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DIGUGLIELMO, SAM**
 CITY-ST-ZIP **310 NORTH CITRUS AVENUE**
INVERNESS FL 34450-4159

TITLE ☐ Change ☐ Addition
 NAME **D.**
 STREET ADDRESS **DIGUGLIELMO, SAM**
 CITY-ST-ZIP **310 N. CITRUS AVE**
INV. FL. 34450-4159
(SAME)

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DEVOE, DENNIS**
 CITY-ST-ZIP **6121 E. RECTOR STREET**
INVERNESS FL 34452-7919

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **DEVOE, DENNIS**
 CITY-ST-ZIP **6121 E. RECTOR ST.**
INV. FL. 34452-7919
(SAME)

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KANE, THOMAS P**
 CITY-ST-ZIP **12 BERSONIMA COURT WEST**
HOMOSASSA FL 34446-9111

TITLE ☐ Change ☒ Addition
 NAME **D.**
 STREET ADDRESS **JASON ELLIS**
 CITY-ST-ZIP **224 S. BARBOUR ST**
BEVERLY Hills FL. 34465

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

GERALD H. LEVERNE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (4/02)

Attachment
873802
766831

To Whom It May Concern:

I am sincerely sorry for my amateurish error. I hope everything is in order now.

Thank you,



Gerald Leverne



Attachment
873802

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

September 11, 2002

INVERNESS SERTOMA CLUB, INC.
P.O. BOX 1415
INVERNESS, FL 34451 US

Subject: INVERNESS SERTOMA CLUB, INC.

Reference Number: 766831

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA
32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314