

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90177 039 ****61.25

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**

10015810



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2269531**

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

**DIGUGLIELMO, SAM
310 N. CITRUS AVENUE
INVERNESS FL 34450**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	LEVERNE, GERALD H	
STREET ADDRESS	220 W KELLOR ST	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIGUGLIELMO, SAM	
STREET ADDRESS	310 NORTH CITRUS AVENUE	
CITY-ST-ZIP	INVERNESS FL 34450-4159	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVOE, DENNIS	
STREET ADDRESS	6121 E. RECTOR STREET	
CITY-ST-ZIP	INVERNESS FL 34452-7919	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANE, THOMAS P	
STREET ADDRESS	12 BERSONIMA COURT WEST	
CITY-ST-ZIP	HOMOSSASSA FL 34448-9111	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIS, D. JASON	
STREET ADDRESS	224 S BARBOUR ST	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE		<input type="checkbox"/> Delete
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
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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:

[Handwritten Signature]

1-28-03 0352-344-1411

CR2E037 (10/02)