

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

0011375

04-03-2001 90038 023 ****61.25

DOCUMENT # 767118

1. Entity Name

CENTURIAN CLUB, INC.

Principal Place of Business

Mailing Address

6523 MANHATTAN DR.
 JACKSONVILLE FL 32219
 US

P.O. BOX 9335
 JACKSONVILLE FL 32208
 US

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

59-2364045

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

MOORE, VIVIAN
6523 MANHATTAN DRIVE
JACKSONVILLE FL 32219

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**

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	PD	<input type="checkbox"/> Delete
NAME	BROWN, HARLEY	
STREET ADDRESS	4927 ROCHDALE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TROTTER, LUCILLE B	
STREET ADDRESS	6564 UTSEY RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIS, LENORA	
STREET ADDRESS	2145 W. BARRY DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MIMKEL, MARVA	
STREET ADDRESS	6443 MANHATTAN DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	FSD	<input type="checkbox"/> Delete
NAME	HARRISON, VERMICE	
STREET ADDRESS	3105 CLYDE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	MD	<input type="checkbox"/> Delete
NAME	WILLIS, LENORA	
STREET ADDRESS	2145 W. BARRY DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mikel, Marva	correction
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, VERNICE	correction
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Feb 2001 (204) 765388

CR2E037 (10/00)