

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-05-2001 90070 002 ****70.00

DOCUMENT # 768835

1. Entity Name

POINSETTIA PARK SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

4701 BALLARD RD.
FORT MYERS FL 339054701 BALLARD RD.
FORT MYERS FL 33905
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

59-2432737

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BOUDREAU, CLAIRE L
213 NORTH POINSETTIA DRIVE
FORT MYERS FL 33905

7. Name and Address of New Registered Agent

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

Claire L. Boudreau, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-31-2001

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

TITLE	P + D	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, NICHOLAS	
STREET ADDRESS	179 LA PLAZA AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33905	

TITLE	VP + D	<input checked="" type="checkbox"/> Delete
NAME	WISE, CHARLES	
STREET ADDRESS	107 E. POINSETTIA DRIVE	
CITY-ST-ZIP	FT-MYERS FL 33905	

TITLE	S	<input type="checkbox"/> Delete
NAME	WALLACE, PATRICIA	
STREET ADDRESS	178 LA PLAZA AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33905	

TITLE	T	<input type="checkbox"/> Delete
NAME	BOUDREAU, CLAIRE L	
STREET ADDRESS	213 NORTH POINSETTIA DRIVE	
CITY-ST-ZIP	FT MYERS FL 33905	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRINKMAN, FLORENCE	
STREET ADDRESS	277 W POINSETTIA DR	
CITY-ST-ZIP	FT MYERS FL 33905	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUONOPANE, PHYLLIS	
STREET ADDRESS	202 DOMINGO DR	
CITY-ST-ZIP	FT MYERS FL 33905	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISE, Charles	
STREET ADDRESS	107 E. Poinsettia Dr.	
CITY-ST-ZIP	Ft Myers, FL 33905	

TITLE	VP + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNSHINE, Joanne	
STREET ADDRESS	195 Domingo Dr.	
CITY-ST-ZIP	FT-MYERS-FL-33905	

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	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARFUG, Patricia	
STREET ADDRESS	111 E. Poinsettia Dr	
CITY-ST-ZIP	Ft Myers, FL 33905	

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:

Claire L. Boudreau, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-2001 941-693-1818

CR2E037 (10/00)