

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90052 042 \*\*\*\*\*61.25

**DOCUMENT # 769346**

1. Entity Name

**WINNERS CIRCLE CLUB, INC.**

Principal Place of Business

9701 N.E. JACKSONVILLE ROAD (OLD 301)  
P.O. BOX 276  
ANTHONY FL 32617

Mailing Address

9701 N.E. JACKSONVILLE ROAD (OLD 301)  
P.O. BOX 276  
ANTHONY FL 32617

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

**59-2800305**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MYERS, LEWIS O.**  
**403 NORTHEAST SECOND STREET**  
**OCALA FL 32670**

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

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

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>STEMPLY, JUDITH A.</b>	
STREET ADDRESS	<b>18660 SE 25TH PLACE</b>	
CITY-ST-ZIP	<b>OKLAWAHA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COOK, WAYNE L.</b>	
STREET ADDRESS	<b>6890 NW 57 AVE</b>	
CITY-ST-ZIP	<b>OCALA FL 34482</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEMPLY, CHARLIE</b>	
STREET ADDRESS	<b>18660 SE 25TH PLACE</b>	
CITY-ST-ZIP	<b>OKLAWAHA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUSBOOM, RANDALL E.</b>	
STREET ADDRESS	<b>7 FIR TRAIL WAY</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HUTCHESON, NORRIS</b>	
STREET ADDRESS	<b>640 S.E. 44 AVE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KITTERMAN, ARTHUR W</b>	
STREET ADDRESS	<b>2222 SE 7TH AVE</b>	
CITY-ST-ZIP	<b>OCALA, FLA 34471</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRINN, N. JAMIAN</b>	
STREET ADDRESS	<b>P.O. Box 1191</b>	
CITY-ST-ZIP	<b>CITRA, FL 32113</b>	
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		

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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 19 2001 (352) 694-6547*

Date

Daytime Phone #

CR2E037 (10/00)