2001 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2001 8:00 am Secretary of State DOCUMENT # 770477 1. Entity Name GOLDEN TRIANGLE CIVITAN CLUB. INC. 01-23-2001 90034 045 ****61 25 Principal Place of Business Mailing Address 1220 PALMETTO RD 1220 PALMETTO RD EUSTIS FL 32726 EUSTIS FL 32726 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1937169 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TAYLOR, JAMES L 1220 PALMETTO RD EUSTIS FL 32726 Zip Code FL 8. The above named entity submits his statement for the purpose of charging its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Re ered Agent signature required when reinstating FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Delete TITLE X Change NAME HAUSER, CHERYL NAME Singer, Kellie STREET ADDRESS 205 Lakecrest Dr. STREET ADDRESS 11427 LAKEVIEW DR. CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34788-4411 Tavares, Fl. 32778 TITLE TD Delete TITLE Change ☐ Addition NAME TAYLOR, JANICE NAME STREET ADDRESS STREET ADDRESS 1220 PALMETTO RD SAME CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32726-5336 TITLE Delete Change Addition TITLE Singer, Sande GREEN, MAXINE NAME 1321 N. Newhampshire Ave. NAME STREET ADDRESS STREET ADDRESS 706 JEFFERIS CT Tavares, Fl. 32778 CITY-ST-7(P CITY-ST-7IP EUSTIS FL 32726-5116 TITLE ☐ Change TITLE □ Delete ☐ Addition NAME taylor, James L NAME SAME STREET ADDRESS STREET ADDRESS 1220 PALMETTO RD CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32726-5336 D Singer, Troy TITLE Delete TITUE Change ☐ Addition KELLIE, SINGER ~205 Lakecrest Dr. NAME NAME STREET ADDRESS STREET ADDRESS 205 LAKECREST DR Tavares, Fl. 32778 CITY-ST-ZIP CITY-ST-ZIP TAVARES FL 32778 TITLE ☐ Delete TITLE X Change ☐ Addition Kildea, Helen SINGER, TROY NAME NAME P.O. Box 38 STREET ADDRESS STREET ADDRESS 205 LAKECREST DR. CITY-ST-ZIP CITY-ST-ZIP TAVARES FL 32778-2081 Mt. Dora, Fl. 32757

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

SIGNATURE:

MASURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED