

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90025 004 ****61.25

DOCUMENT # 770477

1. Entity Name

GOLDEN TRIANGLE CIVITAN CLUB, INC.

Principal Place of Business

Mailing Address

**1220 PALMETTO RD
 EUSTIS FL 32726
 US**

**1220 PALMETTO RD
 EUSTIS FL 32726
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1937169

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

**TAYLOR, JAMES L
 1220 PALMETTO RD
 EUSTIS FL 32726**

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

2-14-02

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	P	<input checked="" type="checkbox"/> Delete
NAME	KILDEA, HELEN	
STREET ADDRESS	P.O. BOX38	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TAYLOR, JANICE	
STREET ADDRESS	1220 PALMETTO RD	
CITY-ST-ZIP	EUSTIS FL 32726-5336	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SINGER, SANDE	
STREET ADDRESS	1321 N NEWHAMPSHIRE AVE.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, JAMES L	
STREET ADDRESS	1220 PALMETTO RD	
CITY-ST-ZIP	EUSTIS FL 32726-5336	
TITLE	P	<input type="checkbox"/> Delete
NAME	SINGER, KELLIE	
STREET ADDRESS	205 LAKECREST DR	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGER, TROY	
STREET ADDRESS	205 LAKECREST DR.	
CITY-ST-ZIP	TAVARES FL 32778	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taylor, James L.	
STREET ADDRESS	1220 Palmetto Rd.	
CITY-ST-ZIP	Eustis, Fl. 32726	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taylor, Janice	
STREET ADDRESS	1220 Palmetto Rd.	
CITY-ST-ZIP	Eustis, Fl. 32726	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Taylor, Janice	
STREET ADDRESS	1220 Palmetto Rd.	
CITY-ST-ZIP	Eustis, Fl. 32726	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cordella LaRoe	
STREET ADDRESS	2891 E. Orange Ave.	
CITY-ST-ZIP	Eustis, Fl. 32726	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl Hauser	
STREET ADDRESS	11427 Lakeview Dr.	
CITY-ST-ZIP	Leesburg, Fl 34788	
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

Date

2-14-02

Daytime Phone #

CR2E037 (9/01)

20020502