

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F20254

1. Entity Name
SEMINOLE CLUB, INC.

Principal Place of Business
**3536 COUNTRY CLUB
SANFORD FL 32771
US**

Mailing Address
**P.O. BOX 950789
LAKE MARY FL 32795-0789**

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 **59-2072451**

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

**DANIELS, JOHN K.
195 VISTA OAK DRIVE
LONGWOOD FL 32779**

Name **Alice V. DANIELS**

Street Address (P.O. Box Number is Not Acceptable)

195 VISTA OAK DRIVE

City **LONGWOOD**

FL

Zip Code **32779**

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 *Alice V. Daniels*
Signature, typed or printed name of registered agent and title if applicable.

Alice V. Daniels
(NOTE: Registered Agent signature required when reinstating)

3-22-01
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, JOHN K.	
STREET ADDRESS	195 VISTA OAK DRIVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CLEARY, RICHARD	
STREET ADDRESS	114 DRESHAM CT.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DANIELS, ALICE V.	
STREET ADDRESS	195 VISTA OAK DRIVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alice V. DANIELS	
STREET ADDRESS	195 VISTA OAK DRIVE	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD A. PERKOSKI	
STREET ADDRESS	117 WOODLAND DRIVE	
CITY-ST-ZIP	PARKSBURG, PA 19365	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURTIS F. DANIELS	
STREET ADDRESS	195 VISTA OAK DRIVE	
CITY-ST-ZIP	LONGWOOD, FL 32779	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE: *Alice V. Daniels* *ALICE V. DANIELS* *3-22-01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90075 037 ***158.75

739503



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)