

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90154 031 ***150.00

DOCUMENT # G93572

1. Entity Name
DON KELLEY SPRINGS RACQUET CLUB, INC.



Principal Place of Business
**1819 HURLBURT FIELD RD
FT. WALTON BCH. FL 32547
US**

Mailing Address
**1819 HURLBURT FIELD ROAD
FT. WALTON BCH. FL 32547-1414
US**



2. Principal Place of Business

3. Mailing Address

1819 HURLBURT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT WALTON BEACH

4. FEI Number **59-2396541**

Applied For

Not Applicable

Zip

Country

Zip

Country

32547

OKALOOSA

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

**KELLY, DONALD E
1819 HURLBURT FIELD RD
FT. WALTON BCH. FL 32547**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PTD			
	KELLEY, DONALD E.	1819 HURLBURT FIELD RD	FT. WALTON BCH. FL	
	SD			
	KELLEY, MARCIA J.	1819 HURLBURT FIELD RD	FT. WALTON BCH. FL	

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 607, 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: **Donald E. Kelley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-2003

Date

850-862-2023

Daytime Phone #

CR2E034 (10/02)