2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State DOCUMENT # N0000004959 1. Entity Name 05-19-2002 90220 049 ****61.25 OHS TOUCHDOWN CLUB, INC. Principal Place of Business Mailing Address PO BOX 621773 601 KING ST OVIEDO FL 32765 OVIEDO FL 32762 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Súite, Apt. #, etc. Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GALLUZZO, JOHN D 6500 S HWY 17-92 FERN PARK FL 32730 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable-to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Delete TITLE REGISTER, GREG NAME NAME STREET ADDRESS 601 KING ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Change **Addition** TITLE TITLE TD Delete Treasurer DICKSON, JOHN NAME NAME Raulerson, Karen STREET ADDRESS STREET ADDRESS PO BOX 356 354 Palmetto Street CITY-ST-ZIP CITY-ST-ZIP GENEVA FL 32732 ☐ Change ☐ Addition Delete 😁 😁 TITLE TITLE louqee, linda s NAME NAME 1838 CARILLON PK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Change ☐ Addition □ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:



changed, or on an attachment with an address, with all other like empowered.

4/17/02

Daytime Phone #

FILED