

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007628

1. Entity Name

FREE WHEELIN' SERTOMA CLUB, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91764 017 ****61.25

Principal Place of Business

4200 E FLYING EAGLE CT
INVERNESS FL 34453

Mailing Address

4200 E FLYING EAGLE CT
INVERNESS FL 34453

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3690009

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

JAKOB, RAINER

4200 E FLYING EAGLE CT
INVERNESS FL 34453

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

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 ☐ Delete
NAME D LITTLE, LONNA
STREET ADDRESS 3825 W OAKLAWN ST
CITY-ST-ZIP LECANTO FL 34461

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME WILSON, CONNIE
STREET ADDRESS PO BOX 168
CITY-ST-ZIP LECANTO FL 34461

TITLE ☒ Change ☐ Addition
NAME LaFrantz, Joe
STREET ADDRESS 850 S. Tyne Pt
CITY-ST-ZIP Homosassa, FL 34448

TITLE ☐ Delete
NAME LONG, OTIS
STREET ADDRESS 4364 W PAPOOSE LANE
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)