

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90025 018 ****61.25

DOCUMENT # N01000000448

1. Entity Name

RETIRED RETREADS, INC.

Principal Place of Business

**2004 LAKE OSBORNE DR
 LAKE WORTH FL 33460**

Mailing Address
P.O. Box 591
~~2004 LAKE OSBORNE DR~~
~~LAKE WORTH FL 33460~~

2. Principal Place of Business

3. Mailing Address

P. O. BOX 591

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKE WORTH, FLORIDA 33460

4. FEI Number

65-1025666

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

Name

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

City

FL

Zip Code

**MORGAN, ELOISE F
 2032 KENWOOD RD
 WEST PALM BEACH FL 33409**

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 **D** ☐ Delete
 NAME **FOLEY, MARK**
 STREET ADDRESS **4440 PGA BLVD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **TREASURER** ☐ Change ☐ Addition
 NAME **GOLDMAN, IRA J.**
 STREET ADDRESS **4471 LUXEMBURG COURT**
 CITY-ST-ZIP **LAKE WORTH, FLORIDA 33467**

TITLE **D** ☐ Delete
 NAME **BEAN, JANE C**
 STREET ADDRESS **2037 KENWOOD RD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **SECRETARY** ☐ Change ☐ Addition
 NAME **ELOISE F. MORGAN**
 STREET ADDRESS **2032 KENWOOD ROAD**
 CITY-ST-ZIP **WEST PALM BEACH, FLORIDA 33409**

TITLE **D** ☐ Delete
 NAME **PRESSNELL, SANDRA L**
 STREET ADDRESS **12188 66TH ST. NORTH**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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

TITLE **D** ☐ Delete
 NAME **NIKOLITIS, GARY**
 STREET ADDRESS **301 N OLIVE AVE**
 CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **PRESIDENT** ☐ Delete
 NAME **SHEPHERD, EDWIN H.**
 STREET ADDRESS **714 OCEAN DUNES CIRCLE**
 CITY-ST-ZIP **JUPITER, FLORIDA 33477-9117**

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

TITLE **VICE-PRESIDENT** ☐ Delete
 NAME **PEGGY H. SHEPHERD**
 STREET ADDRESS **714 OCEAN DUNES CIRCLE**
 CITY-ST-ZIP **JUPITER, FLORIDA 33477-9117**

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]*

02/01/02 561 586 2000

CR2E037 (9/01)