

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91073 038 ****61.25

DOCUMENT # N01000003905

1. Entity Name
FUN T[®] CLUB CENTRAL FLORIDA CHAPTER, INC.



Principal Place of Business
**16502 SPRING VALLEY RD.
DADE CITY FL 33523**

Mailing Address
**16502 SPRING VALLEY RD.
DADE CITY FL 33523**

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 **APPLIED FOR**
04-3626635

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SARGENT, EDWIN B
C/O 16502 SPRING VALLEY RD
DADE CITY FL 33523**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SARGENT, EDWIN B C/O 16502 SPRING VALLEY RD DADE CITY FL 33523	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, DONALD L 14830 BOLAND AVENUE SPRING HILL FL 34610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOST, ROBERT 4204 W WOODMERE RD TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWSOME, FRAN 16502 SPRING VALLEY RD DADE CITY FL 33523	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUER, CHRIS 9207 WEEPING WILLOE BROOKSVILLE FL 34613	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLERANI, JOHN 5843 18TH STREET ZEPHYRHILLS FL 33540	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D Lewis, Donald L. 14830 Boland Avenue Spring Hill FL 34610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P Most, Robert 4204 W. Woodmere Rd. Tampa FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S Newsome, Fran 16502 Spring Valley Rd. Dade City FL 33523	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

SEAL OF THE SECRETARY OF STATE

3/13/03

813 289-3150

CR2E037 (10/02)

ATTACHMENT

86658363
N010000003905

11. Continued.

VP

Roorda, Milt

15115 Racetrack Road

Odessa, FL 33556

D

Johnson, Glenn

18308 Wayne Road

Odessa, FL 33556

D

Manuel, Steve

200 North Avenue

Brooksville, FL 34601

D

Porter, Bob

36705 Paddock Lane

Zephyrhills, FL 33541