

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

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90136 006 \*\*\*\*61.25

**DOCUMENT # N01000006854**

1. Entity Name

**X-CLUB ALUMNI ASSOCIATION, INC.**



Principal Place of Business

**213 W COMSTOCK AVE  
WINTER PARK FL**

Mailing Address

**213 W COMSTOCK AVE  
WINTER PARK FL**

2. Principal Place of Business

3. Mailing Address

**Post Office Box 1660**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Winter Park, FL 32790-1660**

4. FEI Number

**APPLIED FOR**

**01-0648456**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32790-1660**

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

**TRISMEN, RICHARD F  
213 W COMSTOCK AVE  
WINTER PARK FL**

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 \$61.25  
After September 10, 2003, min will be \$236.25**

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 **PCD** ☐ Delete  
NAME **BARKER, FRANK H**  
STREET ADDRESS **149 TWELVE OAKS LN**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **CD** ☒ Change ☐ Addition  
NAME **Barker, Frank H.**  
STREET ADDRESS **149 Twelve Oaks LN**  
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE **VD** ☐ Delete  
NAME **POLEJES, CRAIG**  
STREET ADDRESS **2110 FORREST RD**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **PD** ☐ Change ☒ Addition  
NAME **ALVA A. HOLLANDER JR.**  
STREET ADDRESS **551 Le Master DR**  
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082-2313**

TITLE **TD** ☐ Delete  
NAME **PINDER, JOHN**  
STREET ADDRESS **1951 LEGION DR**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **S** ☐ Change ☒ Addition  
NAME **Richard F. Trismen**  
STREET ADDRESS **213 W Comstock AV**  
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **SD** ☐ Delete  
NAME **KRESGE, CARY JR**  
STREET ADDRESS **2045 SUMMERLAND AVE**  
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

**July 10, 2003**

CR2E037 (4/03)