

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90070 026 \*\*\*\*70.00

**DOCUMENT # N01000007227**

1. Entity Name

**NEEDMORE BUCK CLUB, INC.**

Principal Place of Business

**NEEDMORE ROAD, 441 NORTH  
 LAKE CITY FL 32055**

Mailing Address

**POST OFFICE BOX 216  
 LAKE CITY FL 32056**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

**STAFFORD, EARL  
 OMAR ROAD, 441 NORTH  
 LAKE CITY FL 32055**

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

**After September 13, 2002,  
 min. will be \$236.25.**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROSEKE, WAYNE</b>	
STREET ADDRESS	<b>22060 47TH DRIVE</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TYRE, RICHARD</b>	
STREET ADDRESS	<b>135 3RD STREET</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>STAFFORD, EARL</b>	
STREET ADDRESS	<b>POST OFFICE BOX 216</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32056</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE (D)	<b>PRESIDENT:</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WAYNE BUTLER</b>	
STREET ADDRESS	<b>977 MACCO ROAD</b>	
CITY-ST-ZIP	<b>PORT ST. JOHN, FL. 32927</b>	
TITLE (D)	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RT.22 BOX 2702(MARK EDSON)</b>	
STREET ADDRESS	<b>LAKE CITY, FL. 32024</b>	
CITY-ST-ZIP		
TITLE (D)	<b>SECRETARY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NO CHANGES</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Earl Stafford*

9-9-02 386-752-317

CR2E037 (4/02)



Attachment  
42518

Coke  
9-9-02

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

MAY 15, 2002

THE MORE BUCK CLUB, INC.  
P.O. BOX 216  
LAKE CITY, FL 32056

Subject: THE MORE BUCK CLUB, INC.

File Number: **N01000007227**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

7/10  
ANNUAL REPORTS SECTION

Attachment

5/8/2002-90070-026-\$70.00-\$70.00

2002 BUSINESS REPORT (UBR)

Copy 5-24-02

42518

DOCUMENT # NO1000007227

1. Entity Name  
NEEDMORE BUCK CLUB INC

Principal Place of Business Mailing Address  
NEEDMORE ROAD NORTH  
LAKE CITY FL 32056 POST OFFICE BOX 216  
LAKE CITY FL 32056

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☒ Not Applicable

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

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 (NOTE: Registered Agent signature required when reappointing) 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	BOBBE WAYNE (D)	<input type="checkbox"/> Delete
NAME	2200 13TH DRIVE	
STREET ADDRESS	LAKE CITY FL	
CITY-ST-ZIP		
TITLE	VICENT (D)	<input type="checkbox"/> Delete
NAME	1300 1ST STREET	
STREET ADDRESS	LAKE CITY FL	
CITY-ST-ZIP		
TITLE	EARL (D)	<input type="checkbox"/> Delete
NAME	POST OFFICE BOX 216	
STREET ADDRESS	LAKE CITY FL 32056	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(a), 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: MICHAEL E. BURNED

4-23-02

90-752-317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone



Attachment  
#N01000007227/42518

# Columbia County Bank

1918435

06/12/2002

PAY TO THE ORDER OF		MEDICARE PAYING CLERK, INC.	
Amount		00032924 403	
4-23-02		4-23-02	
DOLLARS		DOLLARS	
COLUMBIA COUNTY BANK		COLUMBIA COUNTY BANK	
05/16/2002		05/16/2002	
70:00		70:00	