## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 11, 2002 8:00 am Secretary of State DOCUMENT # N0100007227 05-08-2002 90070 026 \*\*\*\*70.00 NEEDMORE BUCK CLUB, INC. Principal Place of Business Mailing Address POST OFFICE BOX 216 NEEDMORE ROAD, 441 NORTH 42518 LAKE CITY FL 32056 LAKE CITY FL 32055 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) STAFFORD, EARL OMAR ROAD, 441 NORTH LAKE CITY FL 32055 . City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to ٠. Trust Fund Contribution. **Department of State** min. will be \$236.25. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. XX Delete TITLE ,( D )) ☐ Change XX Addition TITLE PRESIDENT: ROSEKE, WAYNE NAME NAME WAYNE BUTLER STREET ADDRESS 22060 47TH DRIVE STREET ADDRESS 977 MACCO ROAD CITY-ST-ZIP CITY-ST-7IP PORT ST.JOHN, FL. 32927 Lake City FL XX Delete NAME (D) VICE PRESIDENT ☐ Change XX Addition TITLE RT.22 BOX 2702 (MARK EDSON) TYRE, RICHARD STREET ADDRESS 135 3RD STREET STREET ADDRESS LAKE CITY, FL. 32024 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL TITLE (D) ☐ Change Addition TITLE ST-, -----☐ Defete SECRETARY

NAME {\_\_\_\_\_\_\_ STAFFORD, EARL NAME STREET ADDRESS STREET ADDRESS **POST OFFICE BOX 216** NO CHANGES CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32056 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

(e (**GEUB, INC.** 

A CONTROL OF THE BUCK CLUB, INC.

X0100000722

sed, we have received your annual report/uniform business report sek(s) totaling \$70.00; however, the report that not been filed and a logoreturned for the following correction(s).

Find the honorofit corporations are required to have at least 3 directors or trustees.

Let ethe letter "D" or "T" beside the names and business addresses of each

or or trustee.

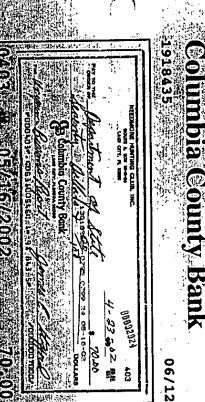
orections have been made, please return the report to: Division of tours. P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days deteof this letter.

of volume ve additional questions or need further assistance please call the Division of Corporations at (850) 488-9000

MINUAL REPORTS SECTION

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