FOR PROFIT CORPORATION NIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name NOLOHOOTZU

NEEDMORE BUCK CLUB, INC., P.O. BOX 216



## FILED

04 MAY 26 PM 4: 48

U JAME	ES E.STAFFURD	3205	6		SECRETARY OF STA	ATE.		
	DO NOT WRITE	IN THIS SE	PACE		TALLAHASSEE. FLOF	AIDA		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEIN	4. FEI Number Applied For Not Applied For			
Zip	Country	Zip	Country	5. Certif	icate of Status Desired	\$8.75 Fee Re	5 Additional	
s-atribi es	The second secon		St. Sing. W.	7. Name a	and Address of Current Registe	red Agent		
			Name					
	DO-NOT=W	RITE			STAFFORD_		<u> </u>	
	The state of the s	a about I will be a selected to the selection of the sele	-Street Address	(P.O.: Box N	umber is Not Acceptable)	····		
	IN THIS SE	ACE	307 N.W.	.WASHI	NGTON STREET	·		
			City	CITY		Zip	Code 2055	
• The chour	e named entity submits this statement fo	- the automore of above in the	control of the contro			<u> </u>	2055	
SIGNATURE	Signature, typed or printed name of registered agent nuary 1 - May 1 Fee is \$150.00	and title Jacobicable. (NOTE	Registered Agent signature require			0-0		
Wake Check	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State		. 9	Election Campaign Financing Trust Fund Contribution.		5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS		LOWE .	進工工工工學學工程主義工程	· '' '' '' '' '' '' '' '' ''		
TITLE	PRESIDENT		TITLE	19-高速声。		gale and		
NAME	JOHN NORRIS .		NAME			The state of the state of	a Araba a a a a a a a a a a a a a a a a a a	
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CITY-ST-ZIP	WHITE SPRINGS, FL.	<u>. 32096</u>	CITY-ST-ZIP		400037578! <del>102/04-01052</del> 001		AC.	
TITLE	V.PRESIDENT		TITLE		DEVOT DIDDE DOIL	ે.w.w.O.T	. 43	
NAME STREET ADDRESS	PETE DICKERSON		NAME	1			, 1	
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IAME	SECRETARY/TREASUR	KER	INTLE					
STREET ADDRESS	JAMES E.STAFFORD		STREET ADDRESS					
SITY-ST-ZIP	P.O.BOX 216	0:E/C	CITY: ST ZIP		DO NOT WE	ITE	and the second	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/21/04 386-752- 3117