

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

FILED
May 27, 2003 8:00 am
Secretary of State

5/1

05-01-2003 90358 044 ****61.25

DOCUMENT # N02000002995

1. Entity Name

THE DUTCH CLUB OF FLAGLER/VOLUSIA CO. INC



Principal Place of Business

**2909 PINETREE DRIVE
EDGEWATER FL 32141**

Mailing Address

**2909 PINETREE DRIVE
EDGEWATER FL 32141**

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

56-231168

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 Now Registered Agent

**ZAK, JAN
87 RIVERSIDE DRIVE
ORMOND BEACH FL 32176**

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

JAN ZAK

4-25-03

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ZAK, JAN	
STREET ADDRESS	87 RIVERSIDE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	V	<input type="checkbox"/> Delete
NAME	PETERSON, PETER	
STREET ADDRESS	84 RAIN TREE PLACE	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WEST, KARIN	
STREET ADDRESS	1989 WOODLAND AVENUE	
CITY-ST-ZIP	NEW SMYRNA FL 32168	
TITLE	T	<input type="checkbox"/> Delete
NAME	O'ROURKE, TINA	
STREET ADDRESS	2909 PINETREE DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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 IKGs empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN ZAK

4-25-03

Date

386-673-5255

Daytime Phone #

CR2E037 (10/02)