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

FILED Feb 14, 2003 8:00 am Secretary of State

01/08/03 (352)258-6618

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SIGNATURE: DAVENIETHARRISEQ!

DOCUMENT # NO200007113 1. Entity Name CLERMONT CHAPTER FLORIDA, INC.						01-13-2003 90464 011 ****61.25			
Principal Place of Business		Mailing Address 2480 S. HWY 27 CLERMONT FL 34711	2480 S. HWY 27						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING	G_CHANGES		
City & State		City & State			4. FEI Number <	45-048029	7/ Ar	oplied For ot Applicable]
Zip Country		Zip	Coun	ntry		5. Certificate of Status Desired See Required			
	6. Name and Address of Current	It Registered Agent			7. Name and Adr	dress of New Registered			1
	the interpretation of the control of	1104		Name	* ***	Mary In The State of			1
HARRIS, 2480 S. 1			Street Addre			s (P.O. Box Number is Not Acceptable)			
	ONT FL 34711	•							
	The same one as as as		- 1	City		FL Zip Code			
SIGNATURE	Signature, lyped or printed name of registered agent	nt and title if applicable. (NOTI 9. Election Car Trust Fund C	ımpaign Fin	nancing	\$5.00 May Be Added to Fees	Make Chec			-
10.	OFFICERS AND DI	MRECTORS	11.		ADDITIONS/CHANG	SES TO OFFICERS AND DI	PECTORS IN	10	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULLER, BRUCE	☐ Delete	TITLE NAME			ELbissJR	Change	Addition	CR2E037 (10/02)
TITLE NAME	VD CLARK, DOUG	Defete	TITLE NAME	T ADDRESS	<u>· Ceremod</u>	T EC-2	☐ Change	Addition	CRZE
NAME STREET ADDRESS CITY-ST-ZIP	SO TURNER, RICK	Relete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRIS, DAN 2480 S. HWY 27 CLERMONT FL 34711	☐ Delete	TITLE NAME STREET CHY-S	T ADDRESS			Change	☐ Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	D	Oelete	*TITLE T NAME STREET CITY-S	T ADDRESS			Change	Addition -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPSON, CHIP 2480 S. HWY 27 CLERMONT FL 34711	☐ Delete	TITLE NAME STREET CITY-S	t address St-zip	,		☐ Change	☐ Addition	
12. I hereby of indicated of the cor	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustee emp	n this filing does not qualify for is true and accurate and that r powered to execute this report	r the exeminy signatul as require	ption stated in re shall have t d by Chapter	n Section 119.07(3)(i), Flo the same legal effect as i 617, Florida Statutes; an	orida Statutes. I further cer If made under oath; that I a ad that my name appears is	tify that the inf am an officer on Block 10 or	formation or director Block 11 if	