2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # N05775** 1. Entity Name DANISH CLUB, INC. 04-28-2001 90008 050 ****61.25 Principal Place of Business Mailing Address 2913 HEATHER BOW 2913 HEATHER BOW SARASOTA FL 34235 SARASOTA FL 34235 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2764992 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) JENSEN, LEIF 2913 HEATHER BOW SARASOTA FL 34235 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PDAddition TITLE TITI F ☐ Change SCOON, RITA NAME NAME Brasch, Joy 2504 PARMA ST. STREET ADDRESS STREET ADDRESS 3125 Heatherwood Lane SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP Sarasota, FL 34235 SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEIF, JENSEN NAME NAME 2913 HEATHER BOW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KANDRUP, JYTTE NAME NAME 2401 PALMETTO ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP NOKOMIS FL 34275 TITLE X Delete TITLE Change ☐ Addition PEDERSEN, MILDRED NAME NAME Falzon, Vibeke STREET ADDRESS 4016 COLEMAN RD. 1221 Silver Lake Court STREET ADDRESS CITY-ST-ZIP **VENICE FL** CITY-ST-ZIP Venice FL 34292 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 941-377-5060
Date Dayline Phone #