

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
 05-12-2002 90565 014 \*\*\*\*61.25

**DOCUMENT # N05775**

1. Entity Name

**DANISH CLUB, INC.**

Principal Place of Business

Mailing Address

**2913 HEATHER BOW  
 SARASOTA FL 34235**

**2913 HEATHER BOW  
 SARASOTA FL 34235**

2. Principal Place of Business

**3125 Heatherwood Lane**

3. Mailing Address

**3125 Heatherwood Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sarasota, FL 34235**

City & State

**Sarasota, FL**

4. FEI Number

**59-2764992**

Applied For

Not Applicable

Zip 34235

Country USA

Zip 34235

Country USA

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENSEN, LEIF  
 2913 HEATHER BOW  
 SARASOTA FL 34235**

Name

**Joy Brasch**

Street Address (P.O. Box Number is Not Acceptable)

**3125 Heatherwood Lane**

City

**Sarasota**

**FL**

Zip Code 34235

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)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME BRASCH, JOY ☐ Delete  
 STREET ADDRESS 3125 HEATHERWOOD LANE  
 CITY-ST-ZIP SARASOTA FL 34235

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD ☒ Delete  
 NAME LEIF, JENSEN  
 STREET ADDRESS 2913 HEATHER BOW  
 CITY-ST-ZIP SARASOTA FL

TITLE SD ☒ Change ☒ Addition  
 NAME Wollstadt, Roger  
 STREET ADDRESS 3960 Kingston Drive  
 CITY-ST-ZIP Sarasota, FL 34238

TITLE TD ☐ Delete  
 NAME KANDRUP, JYTTE  
 STREET ADDRESS 2401 PALMETTO ST  
 CITY-ST-ZIP NOKOMIS FL 34275

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V ☐ Delete  
 NAME FALZON, VIBEKE  
 STREET ADDRESS 1221 SILVER LAKE COURT  
 CITY-ST-ZIP VENICE FL 34292

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**4-23-02 841-377-5060**

CR2E037 (9/01)