

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90104 030 \*\*\*\*61.25

DOCUMENT # N11081

1. Entity Name

DUNNELTON SERTOMA CLUB, INCORPORATED

Principal Place of Business

Mailing Address

4326 S.W. 159 CT  
DUNNELTON FL 34481

PO BOX 2067  
DUNNELTON FL 34430-2067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2666894

Applied For  
Not

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

~~PRIVETT, EARL~~  
~~11060 SW 186TH CIRCLE~~  
~~DUNNELTON FL 34432~~

PAGNIANO, JON  
11868 N. WILLIAMS  
DUNNELTON, FL

PAGNIANO, JON  
11868 N. WILLIAMS ST  
DUNNELTON 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)

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>PRIVETT, EARL</del>	
STREET ADDRESS	<del>11060 SW 186TH CIRCLE</del>	
CITY-ST-ZIP	<del>DUNNELTON FL</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, MALLIE	
STREET ADDRESS	2238 W DUNNELTON RD	
CITY-ST-ZIP	DUNNELTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RACZ, DANIEL	
STREET ADDRESS	1945 S.W. ALGIERS CT	
CITY-ST-ZIP	DUNNELTON FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<del>PAGNIANO, JON</del>	
STREET ADDRESS	<del>11868 N. WILLIAMS ST</del>	
CITY-ST-ZIP	<del>DUNNELTON FL</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, LOU	
STREET ADDRESS	221 WITHLACOCHEE RD TRAIL	
CITY-ST-ZIP	DUNNELTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>LINHART, LEN</del>	
STREET ADDRESS	<del>4326 S.W. 159 CT</del>	
CITY-ST-ZIP	<del>DUNNELTON FL 34481</del>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGNIANO, JON	
STREET ADDRESS	11868 N. WILLIAMS ST.	
CITY-ST-ZIP	DUNNELTON, FL	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD ROBERTS	
STREET ADDRESS	21380 W. HONEY SUCKLE ST	
CITY-ST-ZIP	DUNNELTON, FL 34431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINHART, KEN	
STREET ADDRESS	4326 S.W. 159 CT	
CITY-ST-ZIP	DUNNELTON, FL 34481	

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

Date

Daytime Phone #

60007171



DO NOT WRITE IN THIS SPACE

1-19-2000

1-19-2000 352-487-3