2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State **DOCUMENT # N11081** 1. Entity Name **DUNNELLON SERTOMA CLUB. INCORPORATED** 05-29-2002 93645 048 ****61.25 Principal Place of Business Mailing Address 11871 ILLINOIS ST PO BOX 2067 **DUNNELLON FL 34431** NUNNELLON FL 34430 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2666894 Not Applicable Zip Country 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 DEROSSETT, JERRY Street Address (P.O. Box Number is Not Acceptable) 20029 SW 80 PL RD **DUNNELLON FL 34431** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Pavable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition DEROSSETT, JERRY NAME NAME STREET ADDRESS 20029 SW 80 PL RD STREET ADDRESS CITY-ST-ZIP DUNNELLON FL 34431 CITY-ST-7IP TITI F ☐ Delete TITLE Change ☐ Addition ROBERTS, MALLIE NAME NAME STREET ADDRESS 2238 W DUNNELLON RD STREET ADDRESS CITY-ST-7IP **DUNNELLON FL** CITY-ST-ZIP TITLE Delete TITLE RACZ, DANIEL NAME NAME STREET ADDRESS 1945 S.W. ALGIERSS CT STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL** CITY-ST-ZIP TITLE Delete ☐ Addition ROBERTS, GERALD NAME NAME STREET ADDRESS 21380 W HONEYSUCKLE ST STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34431** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition MARTIN, LOU NAME NAME 221 WITHLACOCCHEE TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNNELLON FL 34434** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LINHART, KEN NAME

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

4326 S.W 159 CT

DUNNELLON FL 34481

STREET ADDRESS

CITY-ST-ZIP

SIGNA E AND TYPED OR PRINTED NAME OF 02 352-489-6728 Daytime Phone #

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