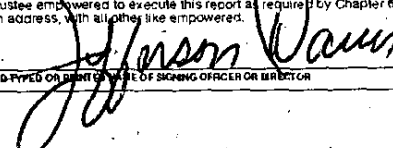


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 30 AM 8:00

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N12094			
1. Entity Name ALACHUA COUNTY SINGLES CLUB, INC.			
Principal Place of Business UNIVERSITY CITY LIONS CLUB 3518 N MAIN TERRACE GAINESVILLE, FL 32605		Mailing Address PO BOX 5172 GAINESVILLE, FL 32627	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEE NUMBER 11-2892013		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRISTOW, PHILIP 3020 SE US HWY 301 HAWTHORNE, FL 32640		7. Name and Address of New Registered Agent Name DAVIS, JEFFERSON Street Address (P.O. Box Number is Not Acceptable) 27331 NW CR 239 City ALACHUA FL Zip Code 32615	
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. I am familiar with, and accept the obligations of registered agent. ☒ SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when withdrawing)			
FILE NOW - FEE IS \$61.25		9. Election Campaign Financing — Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRISTOW, PHILIP 3020 SE US HWY 301 HAWTHORNE, FL 32640 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, JEFFERSON 27331 NW CR 239 ALACHUA, FL 32615 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWALL, JACK 3723 NW 55TH PLACE GAINESVILLE, FL 32653 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANE WILLIS JANUARY 10013 N SR 121 GAINESVILLE FL 32653 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP CHALKER, AUDREY 1719 NW 23RD AVE 2-B GAINESVILLE, FL 32605 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP DOYCE, PHILLIPS 804 N.W. 125 DR. ALACHUA, FL 32609 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABBOTT, CLEO 1910 NW 23RD BLVD APT 262 GAINESVILLE, FL 32605 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP ROSE-MARIE 26406 NW CR 239 ALACHUA FL 32615 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKHAM, JIMMIE 18350 SE 60TH ST MORRISTON, FL 32668 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT. RITA MARINO 1723 SW 69TH ST. GAINESVILLE, FL 32608 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSBURY, PATRICIA E 4938 NW 30TH PLACE GAINESVILLE, FL 32606 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CYNTHIA COX 7714 NW 50 ST. GAINESVILLE FL 32653 ☒ Change ☐ Addition
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: 		Date July 30 2003	

CR2E037 (10/02)