Applied For

\$8.75 Additional

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90060 029 ****61.25

a sumperus mus erand reute chang cerat wert bible debre bible andis blant bible bible

3. Date Incorporated or Qualifed 12/23/1985

4. FEI Number

59-2669967

DOCUMENT	#	NI1	2725
DOCUMENT	#	INI	Z/ 30

1. Corporation Name

EUSTIS ALL STATES' CLUB, INC.

Principal Place of Busi
301 West Ward
FUCTIO EL 00700 4000

21

22

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address nos cuspos cio

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

USTIS FL 32726-4033	EUSTIS FL 32726 US	
•		

0.1, 0.0		20				5. Certificate of S	tatus Desired	Ш	Fee Re	quired
23	Country	Zip	Cou	ntrv		6. Election Camp	olan Einoneina		\$5.00	May Pa
Zip		⊢	_			Trust Fund Co			Added to	•
24	25	29	30			10. Name and A		Registered A		0 1 000
	9. Name and Address of Current	Registered Agent		81	Name	iv. Italile aliu A	idiess of New 1	togisterea /	180111	
				"	Hante					
BRINGM	an, sarah			82	Street Addre	ess (P.O. Box Numb	er is Not Accepta	eble)		
204 SHA	RP'S CIR									
EUSTIS I	FL 32726			83						
				84	City				85 Zip C	Code
	140 (Cle 0				Oily			FL		
11. Pursuar	nt to the provisions of Sections 617.0502	2 and 617.1508, Florida \$	Statutes, the a	bove	e-named corpo	oration submits this s	tatement for the	purpose of o	hanging its	registered
office or	nt to the provisions of Sections 617.0502 r registered agent, or both, in the State 0 am familiar with, and accept the obligat	of Florida. Such change v	was authorized	עסנ	tue corboration	n's board of director	s. I nereby accep	pt the appoin	tment as reg	jisterea
agent. i	am rammar with, and accept the obligat	iona di, accioni di 7.000	o, i fortua Stat		•					
SIGNATURI	E Signature, typed or printed name of registered agent	t and title if applicable	(NOTE: Registered	Agen	t signature required	when reinstating)		DATE		
12.	OFFICERS AN		13.				ANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	P	☐ DELE	TE 1.1 TI	TLE			·	_	Change	Addition
NAME	DENIES, CHARLES 12 =	11-1	1.2 N	AME					•	
STREET ADDRES	605 HAWLEY ST	NIES	135	REET	ADDRESS					
	EUSTIS FL 32726			TY-\$1	1					
CITY-ST-ZIP	T	□ DELE			1-21-				Change	☐ Addition
	BRINGMAN, SARAH D		22 N							
NAME	004 0111000 00	·			ADDRESS					
STREET ADDRES	EUSTIS FL 3272	,		ITY-S				•	-	•
CITY-ST-ZIP	D EUSING FE 19 1 A	U DELE			1-217			-	Change	☐ Addition
TITLE	1 -		3.7 N							_
NAME	DEERING, CHESTER									
STREET ADDRES					ADDRESS					
CITY-ST-ZIP	EUSTIS FL			ITY-S	T-ZIP				Change	Addition
TITLE	D	☐ DELE							☐ Cirange	
NAME	EMRICH, JACOB		4.2 N	AME						
STREET ADDRES	SS 27 SHARP CIRCLE		4.3 S	TREET	TADDRESS					
CITY-ST-ZIP	EUSTIS FL 3276		77 (2.	ITY-S		.		_		F7 4 (D**
TITLE	[D	>□ DELE			$D \mid A$	ALDINE 2 SHARI	SHAR	P	☐ Change	Addition
NAME	FOOTE, MARY_ELLEN	- 1	5.2 N		u	DELLE C	CO	1		
STREET ADDRES	ss 736 KING ST		5.3 S	TREET	ADDRESS 7	2 7 JIN	3 - 7	2		
CITY-ST-ZIP	EUSTIS FL		5.4 C	TY-S	T-ZIP /	=UST15	tL.	00/	26	
TITLE	C. V.74.	☐ DELE	TE 6.1 T	TLE			,		Change	Addition
NAME	[34]		6.2 N	AME						
1 5 5 5 5 5 5	<u>, </u>		6.3 \$	TREET	T ADDRESS					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP