

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12735

1. Entity Name

EUSTIS ALL STATES' CLUB, INC.

Principal Place of Business

301 WEST WARD
EUSTIS FL 32726-4033

Mailing Address

301 WEST WARD
EUSTIS FL 32726
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2669967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRINGMAN, SARAH
204 SHARP'S CIR
EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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 ☐ Delete
NAME DE NIES, CHARLES
STREET ADDRESS 605 HAWLEY ST
CITY-ST-ZIP EUSTIS FL 32726

TITLE T ☐ Delete
NAME BRINGMAN, SARAH D
STREET ADDRESS 204 SHARPS CR
CITY-ST-ZIP EUSTIS FL 32726

TITLE P ☐ Delete
NAME KERN, JULAINE
STREET ADDRESS 810 N. GROVE
CITY-ST-ZIP EUSTIS FL 32726

TITLE D ☐ Delete
NAME SHARP, ALDINE
STREET ADDRESS 42 SHARPS CIRCLE
CITY-ST-ZIP EUSTIS FL 32726

TITLE D ☐ Delete
NAME HOVEY, ILENE
STREET ADDRESS 59 SHARPS CR
CITY-ST-ZIP EUSTIS FL 32726

TITLE S ☐ Delete
NAME MORRIS, JEANNETTE
STREET ADDRESS 96 SHARK CIRCLE
CITY-ST-ZIP EUSTIS FL 32726

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Sarah Bringman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90072 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)