

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90132 029 ****61.25

DOCUMENT # N16338

1. Entity Name

EAST SIDE CLUB, INC.



Principal Place of Business

**2017 N GOLDENROD
STE. 9
ORLANDO FL 32807
US**

Mailing Address

**2017 N GOLDENROD
ORLANDO FL 32807
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2762451**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AQUINO, MICHAEL
214 CAPEHART DR.
ORLANDO FL 32807**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 *Michael Aquino*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-20-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD**
NAME **AQUINO, MICHAEL**
STREET ADDRESS **214 CAPEHART DR.**
CITY-ST-ZIP **ORLANDO FL**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE **CD**
NAME **SAUCHUK, STEVEN V**
STREET ADDRESS **2009 BRAEBURN CT**
CITY-ST-ZIP **ORLANDO FL 32826**
☒ Delete

TITLE **CD**
NAME **VINNIE RICHARDSON**
STREET ADDRESS **7655 DIONE CT.**
CITY-ST-ZIP **ORLANDO FL 32822**
☐ Change ☒ Addition

TITLE **PD**
NAME **BROOKS, FRANK**
STREET ADDRESS **3851 GOLDEN MEADOWS**
CITY-ST-ZIP **OVIEDO FL 32765**
☒ Delete

TITLE **PD**
NAME **JENNIFER HAHN**
STREET ADDRESS **6 ALBATROSS ST.**
CITY-ST-ZIP **APOLKA FL 32713**
☐ Change ☒ Addition

TITLE **DS**
NAME **BAILEY, KEVIN D**
STREET ADDRESS **9410 KERR COURT**
CITY-ST-ZIP **ORLANDO FL 32817**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE **VPD**
NAME **BARKER, CHARLES DALE**
STREET ADDRESS **14149 THAMHALL WAY**
CITY-ST-ZIP **ORLANDO FL 32828**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: *Michael Aquino* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

2-20-03

321-217-8852

CR2E037 (10/02)