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

FILED
Mar 18, 2005 8:00 am
Secretary of State
03-18-2005 90079 031 ****61.25

DOCUMENT # N16765

1. Entity Name
GULLAIRE VILLAGE SOCIAL CLUB, INC.

DO NOT WRITE IN THIS SPACE

50028070

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
151B GULLAIRE BLVD.	151B GULLAIRE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OLDSMAR, FL	City & State: OLDSMAR, FL
Zip: 34677 Country: US	Zip: 34677 Country: US

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: VIRGINIA A. JOHNSON
Street Address (P.O. Box Number is Not Acceptable): 313 BASS COURT
City: OLDSMAR, FL Zip Code: 34677

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: Virginia Johnson VIRGINIA JOHNSON 3-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	PD	TITLE	
NAME	VIRGINIA A. JOHNSON	NAME	
STREET ADDRESS	313 BASS COURT	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	CAROLYN P. DIXON	NAME	
STREET ADDRESS	58H SAILFISH	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	DIANA S. LUTCH	NAME	
STREET ADDRESS	497 LAKE WAY	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	TD	TITLE	
NAME	ADRIENNE E. COOPER	NAME	**IN THIS SPACE**
STREET ADDRESS	532 CANAL WAY	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2EC37B (12/02)

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

Virginia Johnson VIRGINIA JOHNSON 3-15-05