

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N19220

FILED  
Apr 13, 2003  
Secretary of State

**Entity Name:** THE EXCHANGE CLUB OF NICEVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

1917 BAYSHORE DRIVE  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 342  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 59-2736560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KING, JOHN C  
400 TIGER POINT  
NICEVILLE, FL 32578

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCSHANE, PAUL  
Address: 1801 HICKORY AVE  
City-St-Zip: NICEVILLE, FL 32578

Title: SD ( ) Delete  
Name: SANDERS, JEAN  
Address: 1638 PARKSIDE CIRCLE  
City-St-Zip: NICEVILLE, FL 32578

Title: TD ( ) Delete  
Name: KING, JOHN C  
Address: 400 TIGER POINT  
City-St-Zip: NICEVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MILLER, RICHARD G  
Address: 1655 PARKSIDE CIRCLE  
City-St-Zip: NICEVILLE, FL 32578

Title: SD (X) Change ( ) Addition  
Name: MCMILLIN, REBECCA E  
Address: 8 SHERWOOD DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. KING

TD

04/13/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date