

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20755

1. Entity Name

A.P.C.I. EMPLOYEE'S CLUB, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90095 019 ****61.25

Principal Place of Business

Mailing Address

COUNTRY ROAD 64, EAST
AVON PARK FL 33825
US

PO BOX 1100
AVON PARK FL 33826-1100
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

59-2872342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TODD, LINDA D
COUNTY RD 64 E
AVON PARK FL 33825

Name

Rita Kim Piety.

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

1423 Stenewahee Ave.

City

Sebring

FL

Zip Code
33870

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 Rita Kim Piety

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

Rita Kim Piety

(NOTE: Registered Agent signature required when reinstating)

2-15-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAAS, RICHARD	
STREET ADDRESS	8 WAINWRIGHT WAY	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEHMAN, DEWEY	
STREET ADDRESS	203 MARGARETE DR	
CITY-ST-ZIP	AVON PARK FL 33826	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, VANDA	
STREET ADDRESS	15 WAINWRIGHT WAY	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FRANZA, MYLINDA	
STREET ADDRESS	1504 BERWYN AVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bigbie, Kenneth	
STREET ADDRESS	17 Wainwright Way	
CITY-ST-ZIP	Avon Park, Fl. 33825	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hansford, Bonnie	
STREET ADDRESS	32 Wainwright Way	
CITY-ST-ZIP	Avon Park, Fl. 33825	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gilliam, Cheryl	
STREET ADDRESS	13 Wainwright Way	
CITY-ST-ZIP	Avon Park, Fl. 33825	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Franza, Mylinda	
STREET ADDRESS	4175 NE 174th Dr.	
CITY-ST-ZIP	Okeechobee, Fl. 34972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Mylinda Franza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000 941-453-1518
Date Daytime Phone #

CR2E037 (9/99)