

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

02-05-2002 90126 042 ****61.25

DOCUMENT # N20755

1. Entity Name

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

Principal Place of Business

**COUNTRY ROAD 64, EAST
AVON PARK FL 33825
US**

Mailing Address

**PO BOX 1100
AVON PARK FL 33825-1100
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

**PIETY, RITA KIM
1423 STENEAUWEE AVE.
SEBRING FL 33870**

Name

Myllinda F. Franza

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

1504 Berwyn Ave.

City **Avon Park**

FL

Zip Code

33825

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

Myllinda F. Franza, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

January 14, 2002

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 **PD** ☒ Delete
NAME **WILLIAMS, MELLIE**
STREET ADDRESS **5325 COLUMBUS BLVD**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **VD** ☐ Delete
NAME **BELLO, KELLY**
STREET ADDRESS **44 WAINWRIGHT WAY**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **SD** ☒ Delete
NAME **ESLINGER, DANIEL**
STREET ADDRESS **239 KITE AVE**
CITY-ST-ZIP **SEBRING FL 33872**

TITLE **TD** ☒ Delete
NAME **WYNN, DEBBIE**
STREET ADDRESS **75 WAINWRIGHT WAY**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Larry P. Olson**
STREET ADDRESS **604 S. Christy Jo Drive**
CITY-ST-ZIP **Avon Park, FL. 33825**

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

TITLE **SD** ☒ Change ☐ Addition
NAME **Lori B. Norwood**
STREET ADDRESS **201 Pamela Rd. NW**
CITY-ST-ZIP **Lake Placid, FL. 33852**

TITLE **TD** ☒ Change ☐ Addition
NAME **Myllinda F. Franza**
STREET ADDRESS **1504 Berwyn Ave.**
CITY-ST-ZIP **Avon Park, FL. 33825**

TITLE **HD** ☐ Change ☒ Addition
NAME **Shirley Jackson**
STREET ADDRESS **202 E. Beulah St.**
CITY-ST-ZIP **Avon Park, FL. 33825**

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:

Myllinda F. Franza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

DATE

863-453-3174

Daytime Phone #

CR2E037 (9/01)