

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90202 018 ****61.25

DOCUMENT # N23592

1. Entity Name

HEATHERWOOD SOCIAL CLUB, INC.



Principal Place of Business

**C/O JUDITH A. ASSINK
1925 HARDEN BLVD. #253
LAKELAND FL 33803-1850
US**

Mailing Address

**C/O JUDITH A. ASSINK
1925 HARDEN BLVD. #253
LAKELAND FL 33803-1850
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2988630**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANSBURY, SALLY
1925 HARDEN BLVD.
#238
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name **VERA L. DAVIES**

Street Address (P.O. Box Number is Not Acceptable)
**1925 HARDEN BLVD
#44**

City **LAKELAND**

FL

Zip Code
33803

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

Vera L. Davies

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **STRA** ☐ Delete
NAME **CQUALURSI, PAUL**
STREET ADDRESS **1925 HARDEN BLVD #294**
CITY-ST-ZIP **LAKELAND FL**

TITLE **VD** ☐ Delete
NAME **ELLEDGE, SANDY**
STREET ADDRESS **1925 HARDEN BLVD #294**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **TD** ☐ Delete
NAME **HANSBURY SALLY**
STREET ADDRESS **1925 HARDEN BLVD, #238**
CITY-ST-ZIP **LAKELAND FL**

TITLE **SD** ☒ Delete
NAME **BILITI, JACKIE**
STREET ADDRESS **1925 HARDEN BLVD #72**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☐ Delete
NAME **LOIACANO, JIM**
STREET ADDRESS **1925 HARDEN BLVD #193**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ Delete
NAME **WHEELER, PEGGI**
STREET ADDRESS **1925 HARDEN BLVD #301**
CITY-ST-ZIP **LAKELAND FL 33803**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **SEC.** ☒ Change ☐ Addition
NAME **VERA L. DAVIES**
STREET ADDRESS **1925 HARDEN BLVD. #44**
CITY-ST-ZIP **LAKELAND, FL 33803**

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

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

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Sally Hansbury