## Aug 19, 2003 8:00 am Secretary of State

**FILED** 

08-19-2003 90021 034 \*\*\*\*61.25

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

## **DOCUMENT # N25690**

1. Entity Name

JEFFERSON COUNTY SEMINOLE CLUB INC.

				S00 V	E TR				
Principal Plac	ce of Business		Mailing Address						
P.O BOX 79			P.O BOX 79		į				
MONTICELLO FL 32345-0079			MONTICELLO FL 32345-0079						
US			US		ļ	1 (BEN)(E) E) E (CE	E) BING BIRIT (BIN 82) BIBD	D) D) (CELER) (CELER D) (CELER D)	II <b>did</b> ii i <b>at</b> i
		<u></u>	<u> </u>			'		i i i i i i i i i i i i i i i i i i i	II GIBII ICEU
2. Principal Place of Business			3. Mailing Address		}	l 10011101 010 110	OL BAILA AILLA LAVIL ABIL ALOLI I	EIÐIF BIÐIT ÓFÐFI ÐIÐ	II OLDAY YOUL
Suite, Apt. #, etc.			Suite, Apt. #, etc.			***			f.,
Suite, Apr. #, etc.			State, Apt. #, etc.		·	CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59	L2708332	I IAr	oplied For
			1		i		2700002	<u> </u>	t Applicable
Zip		Country.)	Zip	Country			. 5 /	\$8.75 Add	ditional
		75				5. Certificate of Sta	atus Desired 🔲	Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name	Kan	RINA E	BUERRY		
MOON,-V	VILLIAM G		الله المعالمة الله الله الله الله الله الله الله الل	Street A	ddress (F	O Box Number is N	let Accentable)		
970 E PEARL ST			103		03	(P.O. Box Number is Not Acceptable) SUEFFERSON ST			
MONTICE	ELLO FL 3234	4-3007 1		·					
•			•	. City		<del></del>		Zip Cod	e
				{ _ ^ 1	1011	DCELLO	F	L 323	344
8. The above	named entity s	ubmits this statement fo	or the purpose of changing its	registered office o	r registere	ed agent, or both, in t	he State of Florida. I a	m familiar with,	and accept
the obligat	tions of registere	ed agent.						,	
	Kate.	# . H.	0 (. )				9/1	19/200	2
SIGNATURE TUITUA SULVANA SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  D.								o jaco	<u> </u>
	Signature, typed or p	minted harne or registered agent	and title if applicable. 7 (NOTE	Hegistered Agent signa	Cite reduied	when reinstaurig)			
·			Ψ			. 1			_
	FEE IS \$61.25	5	npaign Financing		\$5.00 May Be		ck Payable		
After September 10, 2003, min will be \$236.25 Trust Fund Con				orthodion.		Added to Fees	Florida Depa	artment of S	state
10.		OFFICERS AND DIE	RECTORS	11.		DDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10
TITLE	PD	OT TOLIS AND DI				(DDITIONS) OF INITIAL	3 TO OTTIOLITO AIR	DIRECTOROR	
NAME	MOON, WILL				DRE	SIDENT		Change	
STREET ADDRESS		JAM G	Delete	TITLE	PRE	SIDENT RINA GUER	ZRY	Change	Addition
	970 E. PEAR		<b>▶</b> Delete	NAME STREET ADDRESS	KAT	RINA GUER	CRY ERSON ST.	Change	
CITY-ST-ZIP	1	L ST	Delete	NAME	KAT!	rina Guer o s.Jeffe	erson st.	<b>⊠</b> Change	
	970 E. PEAR MONTICELLO TD	L ST		NAME STREET ADDRESS CITY-ST-ZIP	KAT!	RINA GUER	erson st.		Addition
CITY-ST-ZIP TITLE NAME	MONTICELLO	L ST ) FL 32344	Delete	NAME STREET ADDRESS	KAT!	rina Guer o s.Jeffe	erson st.	Change	
TITLE	MONTICELLO TD	il St ) Fl 32344 Drea		NAME STREET ADDRESS CITY-ST-ZIP TITLE	KAT!	rina Guer o s.Jeffe	erson st.		Addition
TITLE NAME	MONTICELLO TD JERGER, AN	IL ST D FL 32344 DREA BY ROAD		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	KAT!	rina Guer o s.Jeffe	erson st.		Addition
TITLE NAME STREET ADDRESS	MONTICELLO TD JERGER, AN 364 NURSEF	IL ST D FL 32344 DREA BY ROAD	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	KAT!	rina Guer o s.Jeffe	erson st.		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MONTICELLO TD JERGER, AN 364 NURSEF MONTICELLO	IL ST O FL 32344 DREA BY ROAD O FL 32344		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAT!	rina Guer o s.Jeffe	erson st.	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MONTICELLO TD JERGER, AN 364 NURSEF MONTICELLO SD CALHOUN, N 364 NURSEF	IL ST DE 32344  DREA RY ROAD DE 1 32344  MARGARET RY ROAD	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	KATI 103 MON	rina Guer o s.Jeffe	erson st.	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MONTICELLO TD JERGER, AN 364 NURSEF MONTICELLO SD CALHOUN, M	IL ST DE 32344  DREA RY ROAD DE 1 32344  MARGARET RY ROAD	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	KATI 103 MON	rina guer o s. Jeffe Tiello , fl	erson st.	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MONTICELLO TD JERGER, AN 364 NURSEF MONTICELLO SD CALHOUN, M 364 NURSEF MONTICELLO D	DREA RY ROAD O FL 32344  MARGARET RY ROAD O FL 32344	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	KATI 103 MON	rina guer o s. Jeffe Tiello , fl	erson st.	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MONTICELLO TD JERGER, AN 364 NURSEF MONTICELLO SD CALHOUN, M 364 NURSEF MONTICELLO D SAUER, DICI	DREA RY ROAD O FL 32344  MARGARET RY ROAD O FL 32344	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	KATI 103 MON	rina guer o s. Jeffe Tiello , fl	erson st.	☐ Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MONTICELLO TD JERGER, AN 364 NURSEF MONTICELLO SD CALHOUN, M 364 NURSEF MONTICELLO D SAUER, DICI	IL ST D FL 32344 DREA RY ROAD D FL 32344 MARGARET RY ROAD D FL 32344	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATI 103 MON	rina guer o s. Jeffe Tiello , fl	erson st.	☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MONTICELLO TD JERGER, AN 364 NURSEF MONTICELLO SD CALHOUN, M 364 NURSEF MONTICELLO D SAUER, DICI	IL ST D FL 32344 DREA RY ROAD D FL 32344 MARGARET RY ROAD D FL 32344	☐ Delete☐ Del	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATI 103 MON	rina guer o s. Jeffe Tiello , fl	erson st.	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MONTICELLO TD JERGER, AN 364 NURSEF MONTICELLO SD CALHOUN, M 364 NURSEF MONTICELLO D SAUER, DICI	IL ST D FL 32344 DREA RY ROAD D FL 32344 MARGARET RY ROAD D FL 32344	☐ Delete☐ Del	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATI 103 MON	rina guer o s. Jeffe Tiello , fl	erson st.	☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	MONTICELLO TD JERGER, AN 364 NURSEF MONTICELLO SD CALHOUN, M 364 NURSEF MONTICELLO D SAUER, DICI	IL ST D FL 32344 DREA RY ROAD D FL 32344 MARGARET RY ROAD D FL 32344	Delete  Delete  Delete  Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATI 103 MON	rina guer o s. Jeffe Tiello , fl	erson st.	Change Change Change	Addition  Addition  Addition  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MONTICELLO TD JERGER, AN 364 NURSEF MONTICELLO SD CALHOUN, M 364 NURSEF MONTICELLO D SAUER, DICI	IL ST D FL 32344 DREA RY ROAD D FL 32344 MARGARET RY ROAD D FL 32344	☐ Delete☐ Del	NAME STREET ADDRESS CITY-ST-ZIP TITLE	KATI 103 MON	rina guer o s. Jeffe Tiello , fl	erson st.	☐ Change ☐ Change ☐ Change	Addition Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MONTICELLO TD JERGER, AN 364 NURSEF MONTICELLO SD CALHOUN, M 364 NURSEF MONTICELLO D SAUER, DICI	IL ST D FL 32344 DREA RY ROAD D FL 32344 MARGARET RY ROAD D FL 32344	Delete  Delete  Delete  Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE	KATI 103 MON	rina guer o s. Jeffe Tiello , fl	erson st.	Change Change Change	Addition  Addition  Addition  Addition

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: