

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90061 030 ****61.25

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DOCUMENT # N27929

1. Corporation Name

SAHARA CLUB, INC.

466417 - 90061 - 30

Principal Place of Business

2587 S. SANFORD AVENUE
SANFORD FL 32773-4606

Mailing Address

2587 S. SANFORD AVENUE
SANFORD FL 32773-4606



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/17/1988

4. FEI Number

59-2929865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JUDY K WARREN
2934 WHITE PINE LANE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name **MICHAEL S. DROLET**

82 Street Address (P.O. Box Number is Not Acceptable)
412 DORCHESTER SQUARE

83

84 City **LAKE MARY**

FL

85 Zip Code
32746

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

MICHAEL S. DROLET

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **SELF, BUDDY**
STREET ADDRESS **178 S 5TH STREET**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **VPD** ☒ DELETE
NAME **BURT, GEORGE**
STREET ADDRESS **115 PENELOPE DRIVE**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **TD** ☐ DELETE
NAME **DROLET, MICHAEL**
STREET ADDRESS **1967 STACEY CIRCLE**
CITY-ST-ZIP **DELTONA FL 32738-4130**

TITLE **SD** ☐ DELETE
NAME **MITCHELL, CAROL**
STREET ADDRESS **2409 ELM AVENUE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☒ Addition
1.2 NAME **BURT, GEORGE**
1.3 STREET ADDRESS **115 PENELOPE DRIVE**
1.4 CITY-ST-ZIP **LONGWOOD, FLORIDA 32750** ☒ Change ☒ Addition

2.1 TITLE **VPD** ☒ Change ☒ Addition
2.2 NAME **ORRANGE, TIMOTHY**
2.3 STREET ADDRESS **902 MCCLINTOCK STREET**
2.4 CITY-ST-ZIP **LONGWOOD, FLORIDA 32750** ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-99 **407-321-4066**

CR2E037 (1/98)