

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90029 007 \*\*\*\*61.25

**DOCUMENT # N27929**

1. Entity Name

**SAHARA CLUB, INC.**

Principal Place of Business

Mailing Address

2587 S. SANFORD AVENUE  
 SANFORD FL 32773-4606

2587 S. SANFORD AVENUE  
 SANFORD FL 32773-4606

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

**59-2929865**

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

~~MULLER, THOMAS  
 311 PACER CT.  
 SANFORD FL 32773~~

Name

**Gerard E McCarthy**

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

**701 Mandarin Dr**

City

**Sanford**

FL

Zip Code

**32771**

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

*Gerard E McCarthy*

**Gerard E McCarthy**

**2-11-02**

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 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MULLER, THOMAS	
STREET ADDRESS	311 PACER CT.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MULDER, THOMAS	
STREET ADDRESS	1203 MYRTLE AVE.	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEHMAN, MARY	
STREET ADDRESS	709 E. AIRPORT AVE.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTHY GERARD E	
STREET ADDRESS	701 MANDARIN DR	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	T.D. SUPER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SERGIO MORA	
STREET ADDRESS	514 HASSOCKS LOOP	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Claudia D. Burt	
STREET ADDRESS	115 Penelope Dr	
CITY-ST-ZIP	Longwood FL 32750	
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		
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:

*Thomas Muller*  
**Thomas Muller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)