

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90224 031 ****61.25

DOCUMENT # N27929

1. Entity Name

SAHARA CLUB, INC.



Principal Place of Business

**2587 S. SANFORD AVENUE
SANFORD FL 32773-4606**

Mailing Address

**2587 S. SANFORD AVENUE
SANFORD FL 32773-4606**

40007370



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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCCARTHY, GERARD E
701 MANDARIN DR
SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name

LEWIS, BURTON J.

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

510 Power Drive

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Burton J. Lewis, President

1/20/03

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	D	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, GERARD E	
STREET ADDRESS	701 MANDARIN DR	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SERGIO, MORA	
STREET ADDRESS	514 HASSOCKS LOOP	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BURT, CLAUDIA D	
STREET ADDRESS	115 PENELOPE DR	
CITY-ST-ZIP	LONGWOOD FL 32750	
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	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis, Burton J.	
STREET ADDRESS	510 Power XXXX Road	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fischer, James A.	
STREET ADDRESS	3106 Plantation Lakes Circle	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burt, Claudia D.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher, Christina M.	
STREET ADDRESS	510 Power Road	
CITY-ST-ZIP	Sanford, FL 32771	
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: **CLAUDIA D. BURT**

1/20/03

407 332-6209

CR2E037 (10/02)