2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # N30142** May 07, 2000 8:00 am Secretary of State 1. Entity Name TOMOKA DUPLICATE BRIDGE CLUB, INC. 05-07-2000 90032 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 11 SAND POINT CIRCLE 11 SAND POINT CIRCLE ORMOND BEACH FL 32174-9117 ORMOND BEACH FL 32174 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2915965 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Box Number is Not Acceptable) MERSEK, LEO 11 SANDPOINT CIRCLE ORMOND BEACH FL 32174 Zip Code 32176 ORMOND 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 men reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☑ Delete ■ Addition HANNA SPINNEY NAME DAY, WARREN 572 DORSET CIRCLE STREET ADDRESS STREET ADDRESS 1000 WALKER STREET S. DAYTONA FL CITY-ST-ZIP 32119 City-ST-ZIP HOLLY HILL FL 32117 V. PRES. ☐ Delete TITLE Change TITLE NAME JOSEPH GRAVES SPINNEY, HANNA NAME STREET ADDRESS STREET ADDRESS **572 DOREST CIRCLE** 120 LIME WOOD PLACE CITY-ST-ZIP CITY-ST-7IP 3217H S. DAYTONA FL 32119 ORMOND BEACH Change - Addition TITLE Delete - ---TITLE Sác THOMAS HOFFMAN NAME PURCELL, MARJORIE L NAME 1115 JACARANDA STREET ADDRESS STREET ADDRESS 102 SEVILLE STREET CITY-ST-ZIP CITY-ST-ZIP **ORMOND BEACH FL 32174** <u>NAYTONA BEACH</u> Addition TITLE TREAS TITLE 🙀 Delete NAME MERSEK, MARTHA NAME EVELYN ROLF STREET ADDRESS 11 SAND POINT CIRCLE STREET ADDRESS 10 SEA SWALLOW TER CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 GRMOND Delete TITLE TITLE ROSENBERG, SAM NAME NAME RUTH GRAS STREET ADDRESS STREET ADDRESS 14 ASTON CIRCLE 2/2 SAGE BRUSH TRAIL CITY-ST-ZIP CITY-ST-ZIP ORMOND BCH. FL 32174 TITLE Delete MERSEK, LEO NAME .... ADDRESS 11 SANDPOINT CIRCLE STREET ADDRESS ST-ZIP CITY-ST-ZIP

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

HGNATURE:

ORMOND BEACH FL 32174

SIGNATURE AND TO WE OF SIGNING OFFICER OR DIRECTOR