

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-01-2001 91320 021 ****61.25

DOCUMENT # N30142

1. Entity Name

TOMOKA DUPLICATE BRIDGE CLUB, INC.

Principal Place of Business

Mailing Address

11 SAND POINT CIRCLE
ORMOND BEACH FL 32174
US11 SAND POINT CIRCLE
ORMOND BEACH FL 32174
US

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

59-2915965

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

ROLF, EVELYN
10 SEA SWALLOW TERRACE
ORMOND BEACH FL 32176Name DAVID W. HOPSON

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

SHINDEN FALLS DR

City

ORMOND BEACH

FL

Zip Code

32174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DAY, WARREN	1000 WALKER STREET	HOLLY HILL FL 32117	<input type="checkbox"/>
V	SPINNEY, HANNA	572 DOREST CIRCLE	S. DAYTONA FL 32119	<input checked="" type="checkbox"/>
SD	PURCELL, MARJORIE L	102 SEVILLE STREET	ORMOND BEACH FL 32174	<input checked="" type="checkbox"/>
TD	MERSEK, MARTHA	11 SAND POINT CIRCLE	ORMOND BEACH FL 32174	<input checked="" type="checkbox"/>
D	ROSENBERG, SAM	14 ASTON CIRCLE	ORMOND BCH. FL 32174	<input checked="" type="checkbox"/>
P	MERSEK, LEO	11 SANDPOINT CIRCLE	ORMOND BEACH FL 32174	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D/	VICE PRESIDENT	RUTH GRAS	212 SAGE BUSH TR	<input checked="" type="checkbox"/>
			ORMOND BEACH FL 32174	
D/	SECRETARY	LAURA SCHWARTZ	234 BREADBURN CIR	<input checked="" type="checkbox"/>
			DAYTONA BEACH FL 32114	
D/	TREASURER	DAVID W HOPSON	SHINDEN FALLS DR	<input checked="" type="checkbox"/>
			ORMOND BEACH FL 32174	
D/	PRESIDENT	EVELYN ROLF	10 SEA SWALLOW TERRACE	<input checked="" type="checkbox"/>
			ORMOND BEACH FL 32176	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2001

Date

Daytime Phone #

386 677 0964

CR2E037 (10/00)