

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

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90024 003 ****61.25

DOCUMENT # *N30142*

1. Entity Name

TOMOKA DUPLICATE BRIDGE CLUB, INC.



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54000195

2. Principal Place of Business

2727 N-ATLANTIC AVE.

Suite, Apt. #, etc.

UNIT #406

3. Mailing Address

2727 N-ATLANTIC AVE.

Suite, Apt. #, etc.

UNIT #406

City & State

DAYTONA BEACH FL.

City & State

DAYTONA BEACH FL.

Zip

32118

Country

U.S.A.

Zip

32118

Country

U.S.A.

4. FEI Number

69-2915965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

VIVIAN DAVIS

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

2727 N-ATLANTIC AVE.

UNIT #406

City

DAYTONA BEACH

FL

Zip Code

32118

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

Vivian Davis - Treasurer/Manager (Tomoka Duplicate Bridge Club)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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 *V.P.*
NAME
STREET ADDRESS
CITY-ST-ZIP
GRAS RUTH
2125 AGE BRUSH TRL.
ORMOND BEACH, FL. 32174

TITLE *P*
NAME
STREET ADDRESS
CITY-ST-ZIP
ANDERSON, KARL H.
8 BROAD RIVER RD.
ORMOND BEACH, FL. 32174

TITLE *MD/T.*
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVIS, VIVIAN
2727 N-ATLANTIC AVE. - UNIT #406
DAYTONA BEACH, FL. - 32118

TITLE *S.*
NAME
STREET ADDRESS
CITY-ST-ZIP
OLDSTEIN, BERNARD
7 SANDWILLAR DR.
ORMOND BEACH, FL. 32176

TITLE *C*
NAME
STREET ADDRESS
CITY-ST-ZIP
SMITH, EDWARD
10 BROOKWOOD CT.
ORMOND BEACH, FL. 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *VIVIAN DAVIS - Vivian Davis* *January 15, 2004* *386 615-0560*

CR2E037B (12/02)