

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31481

Entity Name

PALM COAST NEW ENGLAND CLUB, INC.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90010 027 ****61.25

Principal Place of Business

Mailing Address

DAVID JOY

P O BOX 353433

COAST FL 32135

C/O DAVID JOY

P O BOX 353433

PALM COAST FL 32135-3433

715824



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2992130

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

JOY, DAVID
22 MT VERNON LANE
PALM COAST FL 32164

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, 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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<p>D</p> <p>JOSEPH J DRODWILL</p> <p>21 WESTGRILL DR</p> <p>PALM COAST FL 32164</p> <p><input type="checkbox"/> Delete</p>	<p>P</p> <p>DON MARCH</p> <p>93 FLORIDA PARK DR.</p> <p>PALM COAST, FL 32137</p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>
<p>O</p> <p>ROBERT TYLER</p> <p>71 BAINBRIDGE LN</p> <p>PALM COAST FL</p> <p><input checked="" type="checkbox"/> Delete</p>	<p>D</p> <p>DAVID JOY</p> <p>22 MT VERNON LN.</p> <p>PALM COAST, FL 32164</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>O</p> <p>ANN ROCHE</p> <p>49 FLEETWOOD DR</p> <p>PALM COAST FL 32137</p> <p><input checked="" type="checkbox"/> Delete</p>	<p>D</p> <p>EDWARD MYLIS</p> <p>3 CARLSON LN</p> <p>PALM COAST, FL 32137</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>P</p> <p>MYLIS, EDWARD</p> <p>3 CARLSON LN</p> <p>PALM COAST FL 32137</p> <p><input type="checkbox"/> Delete</p>	<p>T</p> <p>GEORGE GOLD</p> <p>20 MT VERNON LN.</p> <p>PALM COAST, FL 32164</p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>
<p>V</p> <p>JOY, DAVID</p> <p>22 MT VERNON LN.</p> <p>PALM COAST FL 32164</p> <p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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: *David Joy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 17, 2000 (904) 446-5186
Date Daytime Phone #

CR2E037 (9/99)