

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31967

1. Entity Name

ALL NATIONS RECREATIONAL, CULTURAL AND SOCIAL CL
UB, INC.

Principal Place of Business

PO BOX 380693
MURDOCK FL 33948
US

Mailing Address

PO BOX 380693
MURDOCK FL 33948
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 65-0245178

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

KERR, JEAN A
17449 CLOVER AVENUE
PORT CHARLOTTE FL 33948

Name

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

City

FL

Zip Code

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 \$61.25

9. 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 ☐ Delete
NAME KERR, JEAN A
STREET ADDRESS 17449 CLOVER AVENUE
CITY-ST-ZIP PT. CHARLOTTE FL 33918

TITLE ☐ Change ☒ Addition
NAME ELTON Maxwell
STREET ADDRESS 18513 Gamewell Ave
CITY-ST-ZIP Port Charlotte, FL 33948

TITLE ☒ Delete
NAME BROWN, CICELY
STREET ADDRESS 23088 ALLEN ST
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE ☐ Change ☒ Addition
NAME Margaret Forde
STREET ADDRESS 17449 Clover Ave
CITY-ST-ZIP Port Charlotte, FL 33948

TITLE ☐ Delete
NAME LYNCH, LIONEL
STREET ADDRESS 18513 GAMEWELL AVE
CITY-ST-ZIP PT CHARLOTTE FL 33948

TITLE ☒ Change ☐ Addition
NAME Kerr, Jean A.
STREET ADDRESS 17449 Clover Ave
CITY-ST-ZIP Port Charlotte, FL 33948

TITLE ☒ Delete
NAME JAMES, LEROY
STREET ADDRESS 5453 SIMRAK ST
CITY-ST-ZIP NORTH PORT FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME LAWES, DONAT
STREET ADDRESS 27455 OBIDOS DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL 33983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Margaret Forde
STREET ADDRESS 17449 Clover Ave
CITY-ST-ZIP Port Charlotte, FL 33948

TITLE ☐ Change ☐ 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:

JEAN A. KERR

4-28-02 941-575-5783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)