

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90012 035 ****61.25

DOCUMENT # N37939

1. Entity Name

TOUCH OF CLASS SINGLES, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 2854
 WINTER HAVEN FL 33883**

**P.O. BOX 2854
 WINTER HAVEN FL 33883-2854**

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

59-2363582

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

**BALL, DREW
 550 ROCHELLE AVE.
 P.O. BOX 1123
 WINTER HAVEN FL 33882**

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 **VD**
 NAME **SWANK, JERRY**
 STREET ADDRESS **5036 AVON**
 CITY-ST-ZIP **LAKE WALES FL 33853**

☐ Delete

TITLE **P**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **PD**
 NAME **CHEEK, NANCY**
 STREET ADDRESS **2813 COUNTRY CLUB RD N**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

☐ Delete

TITLE **C**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **SD**
 NAME **CUNNINGHAM, CAROL**
 STREET ADDRESS **107 MATTIE CT**
 CITY-ST-ZIP **AUBURNDAL FL 33823**

☐ Delete

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

TITLE **D**
 NAME **ADAMS, MARY R.**
 STREET ADDRESS **2226 AVE. A, N.W.**
 CITY-ST-ZIP **WINTER HAVEN FL**

☐ Delete

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

TITLE **TD**
 NAME **ETZEL, DONNA**
 STREET ADDRESS **470 VILLAGE CIRCLE**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

☐ Delete

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

TITLE **VD**
 NAME **FILO, DORIS**
 STREET ADDRESS **2401 AVE A TERR NW**
 CITY-ST-ZIP **WINTER HAVEN FL 33880**

☐ Delete

TITLE **D**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

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:

Donna Etzel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Days

Daytime Phone #

CR2E037 (9/99)