

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38586

1. Entity Name

THE NEW ENGLAND SOCIAL CLUB, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90088 026 \*\*\*\*61.25

Principal Place of Business Mailing Address  
C/O CAROL THOMAS C/O CAROL THOMAS  
3766 N. TAMARISK AVENUE 3766 N. TAMARISK AVENUE  
BEVERLY HILLS FL 34465 BEVERLY HILLS FL 34465-3365  
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
C/O MARY-JUDITH JAHN C/O MARY-JUDITH JAHN  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
508 W. BARRYMORE DR. 508 W. BARRYMORE DR.

City & State City & State  
Beverly Hills, FL Beverly Hills, FL  
Zip Country Zip Country  
34465 USA 34465 USA

4. FEI Number 59-3016108 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WELLS, JOHN  
213 S BARBOUR ST  
BEVERLY HILLS FL 34465-4054

7. Name and Address of New Registered Agent  
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

TITLE	PD	THOMAS, C R	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		N TAMARISK AVE	
CITY-ST-ZIP		BEVERLY HILLS FL	
TITLE	VD	WORESTER, EDSON	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		7 NORTH JEFFERSON STREET	
CITY-ST-ZIP		BEVELY HILLS FL	
TITLE	VD	JAHN, MARY JUDITH	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		508 W. BARRYMORE DR.	
CITY-ST-ZIP		BEVERLY HILLS FL 34465	
TITLE	DS	HOAG, RUTH	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		450 W. BUTTONBUSH DR.	
CITY-ST-ZIP		BEVERLY HILLS FL	
TITLE	TD	LOFTUS, HERBERT	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		984 WEST COLBERT COURT	
CITY-ST-ZIP		BEVERLY HILLS FL	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	MARY-JUDITH JAHN, MARY JUDITH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		508 W. BARRYMORE DR.	
CITY-ST-ZIP		BEVERLY HILLS, FL 34465	
TITLE	VD	COTNEY, MARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		4198 N. MAE WEST WAY	
CITY-ST-ZIP		BEVERLY HILLS, FL 34465	
TITLE	VD	KELLEY, ELMER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		618 N. SETON AVE.	
CITY-ST-ZIP		LECAATO, FL 34461	
TITLE	SD	KELLEY, DORIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		618 N. SETON AVE.	
CITY-ST-ZIP		LECAATO, FL 34461	
TITLE	TD	WELSH, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		3952 N. BLAZING STAR WAY	
CITY-ST-ZIP		BEVERLY HILLS, FL 34465	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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: MARY-JUDITH JAHN MARY-JUDITH JAHN March 29, 2000 352-527-9887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)