

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90199 035 \*\*\*\*61.25

**DOCUMENT # N38586**

1. Entity Name

**THE NEW ENGLAND SOCIAL CLUB, INC.**

Principal Place of Business

C/O MARY-JUDITH JAHN  
508 W BARRYMORE DR  
BEVERLY HILLS FL 34465  
US

Mailing Address

C/O MARY-JUDITH JAHN  
508 W BARRYMORE DR  
BEVERLY HILLS FL 34465  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

**WELLS, JOHN**  
**213 S BARBOUR ST**  
**BEVERLY HILLS FL 34465-4054**

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 **PD** ☒ Delete  
NAME **THOMAS, C R**  
STREET ADDRESS **N TAMARISK AVE**  
CITY-ST-ZIP **BEVERLY HILLS FL**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Mary Judith Jahn**  
STREET ADDRESS **508 W Barrymore Dr.**  
CITY-ST-ZIP **Beverly Hills, FL 34465**

TITLE **VD** ☒ Delete  
NAME **WORESTER, EDSON**  
STREET ADDRESS **7 NORTH JEFFERSON STREET**  
CITY-ST-ZIP **BEVELY HILLS FL**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Mary Cotney**  
STREET ADDRESS **4198 N. Mae West Dr**  
CITY-ST-ZIP **Beverly Hills, FL 34465**

TITLE **VD** ☒ Delete  
NAME **JAHN, MARY JUDITH**  
STREET ADDRESS **508 W. BARRYMORE DR.**  
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE **VD** ☒ Change ☐ Addition  
NAME **John Gregory**  
STREET ADDRESS **305 Zenith Lane**  
CITY-ST-ZIP **Inverness, FL 34450**

TITLE **DS** ☒ Delete  
NAME **HOAG, RUTH**  
STREET ADDRESS **450 W. BUTTONBUSH DR.**  
CITY-ST-ZIP **BEVERLY HILLS FL**

TITLE **DS** ☒ Change ☐ Addition  
NAME **Doris Kelley**  
STREET ADDRESS **678 N. Seton Avenue**  
CITY-ST-ZIP **Lecanto, FL 34461**

TITLE **TD** ☒ Delete  
NAME **LOFTUS, HERBERT**  
STREET ADDRESS **984 WEST COLBERT COURT**  
CITY-ST-ZIP **BEVERLY HILLS FL**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Robert Welsh**  
STREET ADDRESS **3952 N. Blazingstar**  
CITY-ST-ZIP **Beverly Hills, FL 34465**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Robert Welsh* **URED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/2/01 352 527-4362*

Date Daytime Phone #

CR2E037 (10/00)