

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N39758**  
 1. Entity Name  
**BICENTENNIAL SERTOMA CLUB OF LARGO INC**

Principal Place of Business Mailing Address  
**50 S BELCHER RD #115**  
**CLEARWATER FL 33765**  
**US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

**FILED**  
**01 SEP 25 AM 11:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3169859** Applied For Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**  
 6. Name and Address of Current Registered Agent  
**Hodges Paul S**  
**50 S BELCHER RD #115**  
**CLEARWATER FL 33765**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**  
 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	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	<b>D</b>	<b>NICHOLS JANET</b> <b>7111 142ND AV N #26</b> <b>LARGO FL</b>			
		<input type="checkbox"/> Delete			
	<b>D</b>	<b>HODGES PAUL S</b> <b>50 S BELCHER RD #115</b> <b>CLEARWATER FL</b>			
		<input type="checkbox"/> Delete			
	<b>D</b>	<b>KUNZE WILLIAM</b> <b>1396 LEMON ST</b> <b>CLEARWATER FL 33765</b>			
		<input type="checkbox"/> Delete			

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: **Paul S Hodges** **Asst Treas** **19 SEP 01** **722 461 5824**

CR2E037 (5/01)