FILED 2003 NOT-FOR-PROFIT CORPORATION Jan 30, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # N39758** 1. Entity Name 01-30-2003 90134 034 ****70.00 BICENTENNIAL SERTOMA CLUB OF LARGO, INC. Mailing Address Principal Place of Business 50 S BELCHER ROAD #115 50 S BELCHER ROAD #115 90013717 **CLEARWATER FL 33765 CLEARWATER FL 33765** 2. Principal Place of Business H23 13 64 Aue 118 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3169859 Applied For City & State arap argi Not Applicable Country \$8,75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAUER. KERRY O. Box Number is Not Acceptable) 425 B 6TH AVE NE LARGO FL 33770 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. I am familiar with, and accept * the obligations of registered agent. SIGNATURE inted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE ☐ Delete TITLE Kerry Bauer NICHOLS, JANET NOS B LATE AVENE 7111 142ND AV.N #26 STREET ADDRESS STREET ADDRESS CITY-ST-7IP LARGO FL CITY-ST-ZIP <u>Largo : F133770</u> **Delete** ☐ Addition TITLE Change TITLE HODGES, PAUL S NAME NAME STREET ADDRESS 50 S BELCHER ROAD #115 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33765** ____ Delete ☐ Change ※ ☐ Addition TITLE TITLE KUNZE, WILLIAM NAME NAME STREET ADDRESS 1396 LEOMN ST STREET ADDRESS CITY-ST-7IP CHTY-ST-ZIP **CLEARWATER FL 33765** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

☐ Change

☐ Addition