

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90130 032 ****61.25

DOCUMENT # N44380

1. Entity Name

KISSIMMEE WEST SIDE CLUB, INC.

Principal Place of Business

**101 S. CYPRESS STREET
UNIT L
KISSIMMEE FL 34741**

Mailing Address

**101 S. CYPRESS STREET
UNIT L
KISSIMMEE FL 34741**

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

59-3082628

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

**KILLGORE, TROY
8849 LATREC AVE
#308
ORLANDO FL 32189**

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

Troy Kilgore PD

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/02

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 ☐ Delete
NAME **PD**
STREET ADDRESS **KILLGORE, TROY**
CITY-ST-ZIP **8849 LATREC AVE. #308
KISSIMMEE FL 32819**

TITLE ☒ Delete
NAME **VPD**
STREET ADDRESS **LITTLEFIELD, BRUCE**
CITY-ST-ZIP **2518 QUAIL RUN BLVD. NO.
KISSIMMEE FL 34744**

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **MURRAY, CHRISSIE M**
CITY-ST-ZIP **2310 HARBOR TOWN DR
KISSIMMEE FL 34744**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **Murray, Harry (VPD)**
STREET ADDRESS **2310 Harbor Town Dr.**
CITY-ST-ZIP **Kissimmee, FL 34744**

TITLE ☐ Change ☐ Addition
NAME **SD**
STREET ADDRESS **Taylor, Robin**
CITY-ST-ZIP **2440 Cherokee Rd. #2
St. Cloud, FL 34744**

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

TITLE ☐ Change ☐ Addition
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)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Daytime Phone #

CR2E037 (9/01)