

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90070 017 ****70.00

0018301

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

Kissimmee Westside Club

3. Mailing Address

101 W. Cypress St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISS, FL

City & State

KISS, FL

Zip

34741

Country

USA

Zip

34741

Country

U.S.A

4. FEI Number **59-3082628**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

USA

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

7. Name and Address of New Registered Agent

Name

Coleman Cox III

Street Address (P.O. Box Number is Not Acceptable)

1910 Patrick St

City

KISS

FL

Zip Code

34741

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-7-03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KILLGORE, TROY	
STREET ADDRESS	8849 LATREC AVE. #308	
CITY-ST-ZIP	KISSIMMEE FL 32819	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MURRAY, HARRY	
STREET ADDRESS	2310 HARBOR TOWN DR	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAYLOR, ROBIN	
STREET ADDRESS	2440 CHEROKEE RD #2	
CITY-ST-ZIP	ST CLOUD FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coleman Cox III	
STREET ADDRESS	1910 Patrick St.	
CITY-ST-ZIP	KISS, FL 34741	
TITLE	VIC PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD CONNELLY	
STREET ADDRESS	229 SATINWOOD CIR	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTA JO MERCER	
STREET ADDRESS	3252 RAIN SHOWER LN.	
CITY-ST-ZIP	KISS, FL 34744	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY ARASIM	
STREET ADDRESS	1772 LISA LANE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

[Signature]

7-7-03

CR2E037 (4/03)