

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91326 039 ****61.25

DOCUMENT # *N44848 CEJ*

1. Entity Name
*GREATER SUN CITY CENTER
DISASTER COUNCIL, INC.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1509 SUN CITY CENTER PLAZA

3. Mailing Address
1509 SUN CITY CENTER PLAZA

Suite, Apt. #, etc.
SUITE B

Suite, Apt. #, etc.
SUITE B

City & State
SUN CITY CENTER, FL

City & State
SUN CITY CENTER, FL

4. FEI Number
59-3089-285

Applied For
Not Applicable

Zip
33573-5306

Country
USA

Zip
33573-5306

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LINSKY, DONALD B.

Street Address (P.O. Box Number is Not Acceptable)
1509 SUN CITY PLAZA, Ste. B

City
SUN CITY CENTER **FL** Zip Code
33573-5306

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*WILLIAM UHRICH (D)
1509 BUNKER HILL DR.
SUN CITY CENTER, FL 33573*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*DONALD B. LINSKY (D)
1509 SUN CITY CENTER PLAZA, Ste B
SUN CITY CENTER, FL 33573-5306*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*PAUL COURTER (D)
2306 PLATINUM DR.
SUN CITY CENTER, FL 33573*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William J. Uhrich*

4-25-02

813 634 7564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)