

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90113 031 ****61.25

DOCUMENT # N44914

1. Entity Name

EXCHANGE CLUB OF WELLINGTON, INC.



Principal Place of Business

**13579 STAMFORD DR.
WELLINGTON FL 33414
US**

Mailing Address

**13579 STAMFORD DR.
WELLINGTON FL 33414
US**

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 **59-1855810**

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

**LAUTNER, ROBERT
13579 STAMFORD DR.
WELLINGTON FL 33414**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PD	ULL, ALLEN A	13724 DOUBLETREE TRL WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete			
	PED	KARLO, MICKEY	1723 DORCHESTER PL WELLINGTON FL 33414	<input type="checkbox"/> Delete			
	SD	PRIOR, LANE	1787 DORCHESTER PL WELLINGTON FL 33414	<input type="checkbox"/> Delete			
	TD	LAUTNER, ROBERT	13579 STAMFORD DR. WELLINGTON FL 33414	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<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: **SIGNATURE REQUIRED**

3/8/02

723-5205

CR2E037 (10/02)