

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004105

1. Entity Name

F.W.B. DUPLICATE BRIDGE CLUB, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90048 003 \*\*\*\*70.00

Principal Place of Business

Mailing Address

100 BUCK DR NE  
 FORT WALTON BEACH FL  
 US

PO BOX 4025  
 FORT WALTON BEACH FL 32549-4025  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3268034

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STARLING, GAYLE  
 8 WEDGEWOOD LANE  
 FT. WALTON BEACH FL 32547

Name

STARLING, GAYLE

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

376 SANTA ROSA

City

FT WALTON BEACH

FL

Zip Code

32548

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 GAYLE STARLING

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Gayle P. Starling 2-26-00

**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	D	<input type="checkbox"/> Delete
NAME	MOORE, DONNA S.	
STREET ADDRESS	182 MIRAMAR	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, GERALDINE F	
STREET ADDRESS	6-BAYOU WOODS COURT	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STONE, BARBARA	
STREET ADDRESS	2561 PALM SHORE DR.	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, LEE A	
STREET ADDRESS	235 THOMAS ST	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	66 HILLCREST DRIVE
CITY-ST-ZIP	SHALIMAR, FL 32579
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: LEE A ANDERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 FEB 00 (850) 651-8154

Date

Daytime Phone #

CR2E037 (9/99)

N93000004105 A0024648

**BALANCE SHEET**  
**FWB DUPLICATE BRIDGE CLUB**  
**DECEMBER 31, 1999**

**ASSETS**

Building 100 Buck Drive NE Fort Walton Beach, FL	\$ 47,160.00
Furniture & Fixtures	2,750.00
Cash	<u>11,223.40</u>
	\$ 61,133.40

**LIABILITIES**

\$ 00.00

**NET WORTH**

\$ 61,133.40

*Lee A Anderson*  
Treasurer