

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90037 005 \*\*\*\*70.00

**DOCUMENT # N93000004105**

1. Entity Name

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

Principal Place of Business

Mailing Address

**100 BUCK DR NE  
 FORT WALTON BEACH FL  
 US**

**PO BOX 4025  
 FORT WALTON BEACH FL 32549  
 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

**59-3268034**

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

**STARLING, GAYLE**

**~~370 SANTA ROSE BLVD~~  
 FORT WALTON BEACH FL 32548**

Name

**Gayle Starling**  
 Street Address (P.O. Box Number is Not Acceptable)  
**225D Alconese Ave.**

City

**Ft. Walton**

**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.

**GAYLE STARLING  
 PRESIDENT**

**23 Feb 02**

(NOTE: Registered Agent signature required when reinstalling)

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
 NAME **MOORE, DONNA S**  
 STREET ADDRESS **182 MIRAMAR**  
 CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **D** ☒ Change ☐ Addition  
 NAME **MOORE, DONNA S**  
 STREET ADDRESS **4276 CALINDA LA**  
 CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **D** ☐ Delete  
 NAME **ARNOLD, GERALDINE F**  
 STREET ADDRESS **6 BAYOU WOODS COURT**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

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

TITLE **D** ☐ Delete  
 NAME **STONE, BARBARA**  
 STREET ADDRESS **2561 PALM SHORE DR.**  
 CITY-ST-ZIP **SHALIMAR FL 32579**

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

TITLE **T** ☐ Delete  
 NAME **ANDERSON, LEE A**  
 STREET ADDRESS **66 HILLCREST DRIVE**  
 CITY-ST-ZIP **SHALIMAR FL 32579**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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)(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* **LEE A ANDERSON** **23 Feb 02** **(850) 651-8154**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)