

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

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90060 026 \*\*\*\*61.25

**DOCUMENT # N93000004105**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**STARLING, GAYLE  
255 D ALCONSE AVE  
FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name

**STONE, Barbara A**

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

**2561 Palm Shores Blvd.**

City

**SHALIMAR**

**FL**

Zip Code

**32579-1267**

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 **Barbara A. Stone**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3 JAN 03**

**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

TITLE ☐ Delete  
NAME **D MOORE, DONNA S**  
STREET ADDRESS **4276 CALINDA LANE**  
CITY-ST-ZIP **NICEVILLE FL 32578**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4276 Calinda Lane, Apt 153**  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **STARLING, GAYLE**  
CITY-ST-ZIP **255 D ALCONSE AVE SE  
FORT WALTON BEACH, FL 32548**

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

TITLE ☐ Change ☒ Addition  
NAME **VICE PRESIDENT**  
STREET ADDRESS **Rieper, Donna M**  
CITY-ST-ZIP **444 Captains Cir  
Destin FL 32541-5307**

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**  
**SECRETARY**

**3 JAN 03 (850) 651-8154**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)