## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 26, 2001 8:00 am Secretary of State DOCUMENT # N93000004441 1. Entity Name 01-26-2001 90089 005 \*\*\*\*61.25 NEW GOLDEN KEY CLUB, INC. Principal Place of Business Mailing Address 2840 WINDSOR LANE 2840 WINDSOR LANE Dugnaa MARIANNA FL 32446 MARIANNA FL 32446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3209991 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ELLIS. EDDIE L 2840 WINDSOR LANE MARIANNA FL 32446 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE Delete TITLE ☐ Change Addition BAKER, ARTHUR NAME NAME STREET ADDRESS 3690 BURBANK RD STREET ADDRESS CITY-ST-ZIP MARIANNA FL 32446 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change WILSON, LERDY JR NAME NAME STREET ADDRESS 3951 OLD US RD STREET ADDRESS CITY-ST-ZIP MARIANNA FL 32446 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ROBINSON, WALTER R. NAME STREET ADDRESS 4222 ROULHAC ST\_ STREET ADDRESS CITY-ST-ZIP MARIANNA FL CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition ELLIS, EDDIE L NAME NAME 2840 WINDSOR LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 TITLE Delete TITLE ☐ Change ☐ Addition MENCHION, WILLIE C NAME NAME STREET ADDRESS STREET ADDRESS 3303 GARDEN VIEW RD CITY-ST-ZIP CITY-ST-ZIP COTTONDALE FL 32431 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECT

changed, or on an attachment with an address, with all other like empowered

12. Thereby 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