## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Sep 14, 2001 8:00 am Secretary of State DOCUMENT # **N93000005126** 1. Entity Name MEN OF VISION SOCIAL CLUB OF HIGHLANDS COUNTY, I 09-14-2001 90001 034 \*\*\*\*70.00 Principal Place of Business Mailing Address 27 PALM CIRCLE P O BOX 1621 **AVON PARK FL 33825** 978526 SEBRING FL 33870 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 65-0444636 Not Applicable Zip Country Zip Country \$8.75 Additional .5. Certificate of Status Desired \_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUNT, MARVIN Street Address (P.O. Box Number is Not Acceptable) 901 SOUTH LOTELA AVENUE **AVON PARK FL 33825** 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE Change ☐ Addition LEE, DESI L SR NAME NAME 800 GARLAND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33872 CITY-ST-ZIP SD TITLE ☐ Delete TITI F ☐ Change ☐ Addition SMITH, DOUGLAS NAME NAME STREET ADDRESS 4614 SANTA BARBARA DR STREET ADDRESS CITY:ST:ZIP SEBRING FL 33872 -CITY-ST-ZIP.-☐ Delete TITLE Change ☐ Addition NAME HUNT, MARVIN NAME STREET ADDRESS 901 SOUTH LOTELA AVE STREET ADDRESS CITY-ST-ZIP **AVON PARK FL 33825** CITY-ST-ZIP FS TITLE Delete TITLE Change ☐ Addition WILLIAMS, NATHANIEL NAME NAME STREET ADDRESS 1713 LAKE LOTCIA DR STREET ADDRESS CITY-ST-ZIP **AVON PARK FL 33825** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME OVERSTREET STREET ADDRESS DRIVE STREET ADDRESS 2700 MONZA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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:

8134713911