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

DOCUMENT # N9300005126



Sep 08, 2003 8:00 am Secretary of State

FILED

MEN OF VISION SOCIAL CLUB OF HIGHLANDS COUNTY, I								09-08-2003 90	133 017 ****6	01.25
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc:		- Sulte, Apt. #, etc.			<u> </u>	CHECK HERE IF MAKING CHANGES				
City & Stat	te	City & St	ate				4. FE! Number 6	5-0444636		oplied For ot Applicable
Zip	Country	Zip		Cou	intry		5. Certificate of S	tatus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Curren	Registered Age	ent				7. Name and Add	iress of New Regist	ered Agent	
					Name			•		
HUNT, MARVIN 901 SOUTH LOTELA AVENUE					Street Address (P.O. Box Number is Not Acceptable)					
	ARK FL 33825			<u>-</u>						
					City				FL Zip Cod	e
	e named entity submits this statement f tions of registered agent.	or the purpose of	changing its r	egistere	ed office o	r registere	ed agent, or both, in	the State of Florida.	I am familiar with,	and accept
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SIGNATURE										
	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE:	Registere	d Agent signa	ture required	when reinstating)		DATE	
	FILE NOW: FEE 1S \$61.25	9.	Election Cam	naion F	inancina		\$5.00 May Be	Make C	heck Payable	to
After Sept	tember 10, 2003, min will be \$	236.25	Trust Fund Co				Added to Fees		epartment of	
	tember 10, 2003, min will be \$					· []	Added to Fees		epartment of	State
10.	•	IRECTORS		ontributi	on.		Added to Fees	Florida D	epartment of	State
10.	OFFICERS AND D	IRECTORS	Trust Fund Co	ntributi	on.		Added to Fees	Florida D	epartment of S	State
10. TITLE NAME STREET ADDRESS	OFFICERS AND D D LEE, DESI L SR 800 GARLAND AVE	IRECTORS	Trust Fund Co	11. TITLE NAM STRE	On.		Added to Fees	Florida D	epartment of S	State
10. TITLE NAME	OFFICERS AND D D LEE, DESI L SR 800 GARLAND AVE SEBRING FL 33872	IRECTORS	Trust Fund Co	11. TITLE NAM STRE	on.		Added to Fees	Florida D	epartment of S	State I 10 Addition
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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: