

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

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90105 034 ****61.25

DOCUMENT # **11940000001245**

1. Entity Name
The Old Duffer's Club, Inc.

DO NOT WRITE IN THIS SPACE

421516

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3850- CLOVER LN.
Suite, Apt. #, etc.

3. Mailing Address
3850 CLOVER LN
Suite, Apt. #, etc.

City & State
SARASOTA FL.
Zip
34233
Country
SARASOTA

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4. FEI Number
Applied For
☒ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **EDWIN W. FILZEK**

Street Address (P.O. Box Number is Not Acceptable)
~~3850- CLOVER LN.~~

City **SARASOTA** FL Zip Code **34233**

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 _____

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EDWIN W. FILZEK 3850- CLOVER LN. SARASOTA, FL. 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY AVERELL WITT-SECRETARY 2727 S. TAMiami TRAIL SARASOTA, FL. 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MICHAEL HARRIS 13920-88 AVE NW SEMIWOLE, FL. 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WANDA FILZEK 3850- CLOVER LN SARASOTA, FL. 34233
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **EDWIN W. FILZEK** *Edwin W. Filzek* 2-23-02 941-922-1832

CR2E037B (12/01)