

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002144

1. Entity Name

SUPER SINGLES OF FLORIDA, INC.

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90026 029 \*\*\*\*\*61.25

Principal Place of Business

190 S NOVA RD  
ORMOND BEACH FL 32174

Mailing Address

P.O. BOX 2504  
ORMOND BEACH FL 32175

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

59-3250348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREESE, THUVIA  
6207 KLONDIKE DR.  
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name

GLADYS LARGENT

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

4193 WOODLAND CIR

City

DELAND

FL

Zip Code

32724

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

*Gladys Largent*

2-7-01

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FREESE, THUVIA	
STREET ADDRESS	6207 KLONDIKE DR.	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STILL, BETTY	
STREET ADDRESS	1524 S RIVERSIDE DR.	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MUSGROVE, HELEN	
STREET ADDRESS	2032 JASON ST.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAKEMAN, ED	
STREET ADDRESS	769 HAWKS RIDGE RD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TORRES, GEORGE	
STREET ADDRESS	1717 MONTGOMERY AVE.	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	T	<input type="checkbox"/> Delete
NAME	CIROTTI, MARY	
STREET ADDRESS	3120 HOKE DR	
CITY-ST-ZIP	EDGEWATER FL 32141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADYS LARGENT	
STREET ADDRESS	4193 WOODLAND CIR	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSGROVE, HELEN	
STREET ADDRESS	2032 JASON ST.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMMER, WAYNE	
STREET ADDRESS	1263 PILGRIM PL	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, EVELYN	
STREET ADDRESS	434 NASH LN	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, GEORGE	
STREET ADDRESS	1717 MONTGOMERY AVE	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gladys Largent*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)