## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 14, 2002 8:00 am DOCUMENT # **N94000004999 Secretary of State** THE BRANDON SERTOMA CLUB, INC. 03-14-2002 90053 003 \*\*\*\*61.25 Mailing Address Principal Place of Business P.O. BOX 3961 P.O. BOX 3961 **BRANDON FL 33509** BRANDON FL 33509 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3267240 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NUNEZ BELINDA Street Address (P.O. Box Number is Not Acceptable) OWENS JR, ROBERT W 2222 WILDWOOD HOLLOW DR BRYAN TERRACE VALRICO FL 33594 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01)☐ Addition ☐ Change TITLE □ Delete TITLE DUNNAM, PERCY NAME NAME CR2E037 1924 SYDNEY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL ☐ Change Addition Delete TITLE TITLE NUNEZ OWENS JR. ROBERT W BELINDA NO NAME NAME TERRACE DRIVE STREET ADDRESS 2222 WILDWOOD HOLLOW DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 Addition ☐ Delete TITLE TITLE WILSON, TOM NAME NAME STREET ADDRESS STREET ADDRESS 1805 TAMERLANE PL CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** V/D Change ☐ Addition ☐ Delete TITLE TITLE CHRISTOPHER, BEN NAME NAME STREET ADDRESS STREET ADDRESS **506 ROSIER** CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33510** Addition 🔀 Delete TITLE BILL OGDEN 2219 SUMMITVIEW DR. NAME WITTE, TIM NAME STREET ADDRESS 103 W MORGAN STREET ADDRESS VALRICO, FL 33594 CITY-ST-ZIP CITY-ST-7IP **BRANDON FL 33510** ☐ Change ☐ Addition ☐ Delete TITLE TITLE **BRIDGES. PHYLLIS** NAME NAME STREET ADDRESS STREET ADDRESS 10906 REAL SHORT ROAD CITY-ST-ZIP CITY-ST-7IP THONOTOSASSA FL 33592 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.