

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90051 047 ****61.25

DOCUMENT # N95000004277

1. Entity Name

**THE FLORIDA GULFCOAST CHAPTER OF THE SILVER WING
S. FRATERNITY, INC.**

Principal Place of Business

Mailing Address

1621 GULF BLVD., #1501
CLEARWATER FL 33767-29661621 GULF BLVD., #1501
CLEARWATER FL 33767-2966

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

59-3347255

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, LESTER W
7001 7TH AVE WEST
BRADENTON FL 34209

Name

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

City

FL

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 \$61.259. 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/D ☐ Delete
NAME WILKE, JOHN
STREET ADDRESS 424 LAXY LAKE DR. WEST
CITY-ST-ZIP LAKE LAND FL 33801-6404TITLE S/D ☐ Delete
NAME LONG, LESTER W
STREET ADDRESS 7001 7TH AVE WEST
CITY-ST-ZIP BRADENTON FL 34209-3411TITLE T/D ☐ Delete
NAME PAYTON, SOPHIA M
STREET ADDRESS 162 GULF BLVD. #1501
CITY-ST-ZIP CLEARWATER FL 33767-2966TITLE VP/D ☐ Delete
NAME FRANCK, MERLYN
STREET ADDRESS 93 OAKWOOD DR.
CITY-ST-ZIP DUNEDIN FL 34698-8217TITLE D/D ☐ Delete
NAME PAYTON, SOPHIA M
STREET ADDRESS 1621 GULF BLVD #501
CITY-ST-ZIP CLEARWATER FL 33767-2966TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Change ☒ Addition
NAME MERLYN FRANCK
STREET ADDRESS 93 OAKWOOD DR
CITY-ST-ZIP DUNEDIN, FL. 34698-8217TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VP/D ☐ Change ☒ Addition
NAME JOHN MCLAUGHLIN
STREET ADDRESS 13300 INDIAN ROCKS RD S. #604
CITY-ST-ZIP LARGO, FL. 34644-2008TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

MERLYN FRANCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)