2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500005678



FILED 5 Sep 14, 2001 8:00 am 5 Secretary of State

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	CADIA LIC	ONS CLUB,INC.		(U	K)	(09-14-2001 90004 0	003 ****61	25
Principal Plac	e of Business	ŝ	Mailing Address		-				
PO BOX 1884 ARCADIA FL 34265 US			PO BOX 1884 ARCADIA FL 34265 US			978699			
2. Principal P	Place of Busin	ness	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE 4. FEI Number of 200070 Applied For			
City & State					4. FEI Number 65-0626376			ot Applicable	
Zip Country		Zip	Country	5. Certifica		te or Status Desired F		\$8.75 Additional Fee Required	
	6 <u>. Na</u> me	and Address of Current F	Registered Agent	Nome	L'oor		fress of New Registered	Agent	
			•	Name	3.33				
BELL, RALPH				Street	Street Address (P.O. Box Number is Not Acceptable			r	
1928 SE PLUM DR				4096		NW Florida Avenue			
ARCADIA FL 34266			•	City ;	Arcad	lia	Fl	Z304P20	8 6
R The above	v submits this statement for	the purpose of changing its	registered office	or register	ed agent, or both, in		<u>-</u> <u>L.</u>		
	Signature, typed	or printed name of registered agent a		Treasur E: Registered Agent sign		d when reinstating)	9-11 DATE		
Aner Sept	ember 12,	2001, min. will be \$23		mpaign Financing Contribution.		\$5.00 May Be Added to Fees	Make Chec Departme	k Payable ent of State	
Aπer Sept		- ·	36.25 Trust Fund		<u> </u>	Added to Fees ADDITIONS/CHANG		ent of State	e N 10
10.	DT	2001, min. will be \$23	36.25 Trust Fund	11.	Pre	Added to Fees ADDITIONS/CHANGESIDENT	Departments and Departments and Departments	ent of State	е
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Thereby 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:

(863) 993-4866