

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90466 038 ****61.25

DOCUMENT # N96000000720

1. Entity Name

THE WANDERERS CAR CLUB, INC.



Principal Place of Business

**2105 SW 87 PL
DUNNELLON FL 34431**

Mailing Address

**P OBOX 103
HERNANDO FL 34442-0103**

2. Principal Place of Business

8740 E LARIAN CT

Suite, Apt. #, etc.

3. Mailing Address

730 N. SETON AVENUE

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

LECANTO, FL

Zip

34450

Country

Zip

34461

Country

4. FEI Number **59-3344852**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EARNEST, MARSHALL E
6 NORTH BEST POINT
INVERNESS FL 34450**

7. Name and Address of New Registered Agent

Name

JOANN BROWN

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

730 N SETON AVE

City

LECANTO

FL

Zip Code

34461

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LUMPKINS, JEWELL	
STREET ADDRESS	3327 N CARL GROSE HWY	
CITY-ST-ZIP	HERNANDO FL 34452	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MORROW, BOB	
STREET ADDRESS	1368 W MINERAL CT	
CITY-ST-ZIP	HERNANDO FL 34452	
TITLE	D.	<input checked="" type="checkbox"/> Delete
NAME	LUNDELINS, WALT	
STREET ADDRESS	9946 NW 49 TERR.	
CITY-ST-ZIP	MIAMI FL 33178-1918	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	EARNEST, MARSHALL E	
STREET ADDRESS	6 N BEST POINT	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, CONNIE	
STREET ADDRESS	8740 E LARIAN CT	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYAL BROWN	
STREET ADDRESS	8740 E. LARIAN COURT	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK CALISE	
STREET ADDRESS	9100 S. FILLY PT	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE GOLDSNER	
STREET ADDRESS	21015 S W 87 PLACE	
CITY-ST-ZIP	DUNNELLON, FL 34431	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOANN	
STREET ADDRESS	730 N. SETON AVENUE	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNCEFORD, WILDA	
STREET ADDRESS	8290 E. FLORAL PARK DR	
CITY-ST-ZIP	FLORAL CITY, FL 34436	
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:

JOANN BROWN 03-13-03 352-344-7711

CR2E037 (10/02)