

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003163

1. Entity Name

L.G.B. TRAIN CLUB OF FLORIDA, INC. CHANGING TO:
THE MODEL TRAIN CLUB OF FLORIDA, INC.

Principal Place of Business

804 N OLIVE AVENUE, 2ND FLOOR
WEST PALM BEACH FL 33401

Mailing Address

804 N OLIVE AVENUE, 2ND FLOOR
WEST PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0694691

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LINN, STEVEN
804 N OLIVE AVENUE, 2ND FLOOR
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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 \$61.25
After September 12, 2001, min. will be \$236.25

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 D
NAME LINN, STEVEN
STREET ADDRESS 804 N OLIVE AVENUE, 2ND FLOOR
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE D
NAME STUNDIS, CAROL
STREET ADDRESS 11121 NW 19TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Delete

TITLE D
NAME SETZER, MICHAEL
STREET ADDRESS 10670 S.W. 23RD STREET
CITY-ST-ZIP DAVIE FL 33324 ☐ Delete

TITLE D
NAME STUNDIS, WILLIAM
STREET ADDRESS 11121 NW 19TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

8-8-01

561-659-7009

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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