

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001799

1. Entity Name

THE MAITLAND MEN'S CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 947711
MAITLAND FL 32794-7711
US

P.O. BOX 947711
MAITLAND FL 32794-7711
US

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

59-3458005

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHURM, WILLIAM H
670 NO ORLANDO AVE STE 101
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name SCOTT WASMUND

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

118 GOSHAWK TERRACE

City WINTER SPRINGS

FL

Zip Code

32708

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

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 PD
NAME DOYLE, EDWARD
STREET ADDRESS 1331 PLEASANT DR
CITY-ST-ZIP LONGWOOD FL 32779

☐ Delete

TITLE SD
NAME NAGLEE, JACK F
STREET ADDRESS 324 NEEDLES COURT
CITY-ST-ZIP LONGWOOD FL 32750

☐ Delete

TITLE VD
NAME BURRUSS, TOM
STREET ADDRESS 2453 CAROLTON ROAD
CITY-ST-ZIP MAITLAND FL 32751

☐ Delete

TITLE TD
NAME WASMUND, L S
STREET ADDRESS 118 GOSHAWK TERR
CITY-ST-ZIP WINTER SPRINGS FL 32708

☐ Delete

TITLE D
NAME HUTCHSON, WILLIAM R
STREET ADDRESS 2051 THUNDERBIRD TRAIL
CITY-ST-ZIP MAITLAND FL 32751

☒ Delete

TITLE D
NAME GIBBS, WILLIAM T
STREET ADDRESS 1000 SUNBULARD RD
CITY-ST-ZIP MAITLAND FL 32751

☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE PRESIDENT DIRECTOR
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SCOTT WASMUND

2-11-00

407896 059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90059 040 ****61.25

00023001



DO NOT WRITE IN THIS SPACE