2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # N97000007110 Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** THE EDSEL CLUB, INC. 01-27-2000 90015 042 ****61.25 EDSE435 339012083 1699 19 01/10/00 NOTIFY SENDER OF NEW ADDRESS :EDSEL WORLD OR CLUB 19296 TUCKAWAY CT NORTH FORT MYERS FL 33903-1244 Talladklahlandanllakhlahlaldanllads Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0813384 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEWIS, ROBERT K JR. 6237A PRESIDENTIAL COURT FORT MYERS FL 33919-3508 Zip Code City FL 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. 下時,時後到12日底於 是现代"1000年 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61,25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE Change TITL F ☐ Delete NAME NAME HARIS, FRANK STREET ADDRESS STREET ADDRESS 115 QUAIL HOLLOW RD CITY-ST-ZIP CITY-ST-ZIP ORCHARD HILL GA 30266 Change ■ Addition Delete TITLE TITLE CURRIE R. WEEL NAME NAME DIPOLITO, LIVONIA P 19296 TUCKAWAYET STREET ADDRESS STREET ADDRESS 8903-U TAMPA ST CITY-ST-ZIP CITY-ST-ZIP **TAMAP FL 33604** Addition ☐ Delete TITLE D TITLE NAME NAME ROSS, RUSS STREET ADDRESS STREET ADDRESS 1435 LARKSPUR DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33901 ☐ Change ☐ Addition Defete TITLE TITLE POPP, CAROLYN NAME NAME STREET ADDRESS STREET ADDRESS 1435 LARKSPUR DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33901 Change Delete Addition TITLE TITLE ROBERT MAYER 19246 TUCKA WAY at NAME NAME CERAME, ROBERT STREET ADDRESS STREET ADDRESS 1435 LARKSPUR DRIVE CITY-ST-ZIP CITY-ST-ZIP MILERS, FL FORT MYERS FL 33901 TITLE ☐ Delete TITLE ☐ Addition NAME NAME KERWATH, CONRAD STREET ADDRESS STREET ADDRESS 1435 LARKSPUR DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33901 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