

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002560

1. Entity Name

50+ FUN IN THE SUN SINGLES, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90038 016 ****61.25

Principal Place of Business

Mailing Address

923 SE 15TH ST
CAPE CORAL FL 33990

923 SE 15TH ST
CAPE CORAL FL 33990-3425

2. Principal Place of Business

916 Hancock Bridge Pkwy

Suite, Apt. #, etc.

3. Mailing Address

916 Hancock Bridge Pkwy

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, FL 33990

City & State

Cape Coral, FL 33990

4. FEI Number

65-0828044

Applied For

Not Applicable

Zip

33990

Country

USA

Zip

33990

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIMES, GERALDINE R
923 SE 15TH ST
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name

ROACH, JOAN

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

916 Hancock Bridge Pkwy

City

Cape Coral

FL

Zip Code

33990

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.

JOAN ROACH

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 NAME STREET ADDRESS CITY-ST-ZIP	D ROACH, JOAN 916 HANCOCK BRIDGE PKWY CAPE CORAL FL 33903	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINS, JUNE 607 SE 47TH ST #7 CAPE CORAL FL 33904	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSON, JEANNIE 708 VICTORIA DR #112 CAPE CORAL FL 33904	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMES, GERALDINE 923 SE 15TH ST CAPE CORAL FL 33990	☒ 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	D BUSH, JANET 1569 Manchester Blvd Fort Myers, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROWTHER, ARTHUR 4100 Steamboat Bend # 202 Fort Myers, FL 33919	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDNARSKI, THERESA 3428 SE 4th Place Cape Coral, FL 33904	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS 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:

JANET BUSH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 275-3057

Date

Daytime Phone #