

2002 UNIFORM BUSINESS REPORT (UBR)

4/8/1

FILED
May 12, 2002 8:00 am
Secretary of State

04-08-2002 90067 045 ****61.25

DOCUMENT # N98000002560

1. Entity Name

50+ FUN IN THE SUN SINGLES, INC.

Principal Place of Business

**916 HANCOCK BRIDGE PKWY
 CAPE CORAL FL 33990
 US**

Mailing Address

**916 HANCOCK BRIDGE PKWY
 CAPE CORAL FL 33990
 US**

2. Principal Place of Business

4041 SE 11th PL.

Suite, Apt. #, etc.
102

City & State
Cape Coral, FL.

Zip
33904

Country
Lee

3. Mailing Address

4041 SE 11th PL.

Suite, Apt. #, etc.
102

City & State
Cape Coral, FL.

Zip
33904

Country
Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0828044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ROACH, JOAN
 916 HANCOCK BRIDGE PKWY
 CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent

Name **Ashmore, Ruth**

Street Address (P.O. Box Number is Not Acceptable)
4041 SE 11th PL. # 102

City **Cape Coral, FL** Zip Code **33904**

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

Ruth E. Ashmore, Pres.

Signature, typed or printed name of registered agent and title if applicable.

Ruth E. Ashmore, Pres.

(NOTE: Registered Agent signature required when reinstating)

3/14/02

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 **D** ☒ Delete
 NAME **ROACH, JOAN**
 STREET ADDRESS **916 HANCOCK BRIDGE PKWY**
 CITY-ST-ZIP **CAPE CORAL FL 33903**

TITLE **D** ☒ Delete
 NAME **CULLER, CARL**
 STREET ADDRESS **15129 STELLA DEL MAR LANE**
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **D** ☒ Delete
 NAME **MASSELLI, GRETCHEN**
 STREET ADDRESS **3727 MAXINE STREET**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **D** ☒ Delete
 NAME **ASHMORE, RUTH**
 STREET ADDRESS **4041 SE 11TH PLACE**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P.D.** ☒ Change ☐ Addition
 NAME **Ruth E. Ashmore**
 STREET ADDRESS **4041 SE 11th PL. # 102**
 CITY-ST-ZIP **CAPE CORAL, FL. 33904**

TITLE **T. Arvin Williams** ☒ Change ☐ Addition
 NAME **D. 5151 Atlanta Ave**
 STREET ADDRESS **Fort Myers FL. 33905**
 CITY-ST-ZIP

TITLE **S. Joyce Gyure** ☒ Change ☐ Addition
 NAME **D. 14531 Grande Cay Cir. #3002**
 STREET ADDRESS **Fort Myers, FL 33908**
 CITY-ST-ZIP

TITLE **V. June Adkins** ☒ Change ☐ Addition
 NAME **D. 601 SE 4th St. # 7**
 STREET ADDRESS **Cape Coral, FL. 33904**
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth E. Ashmore, Pres.

Date

3/14/02

Daytime Phone #

CR2037 (9/01)