

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90355 001 \*\*\*122.50

**DOCUMENT # N98000003182**

1. Entity Name  
**PAST PRESIDENTS CLUB INC**



Principal Place of Business  
**23111 HARBORVIEW ROAD  
CHARLOTTE HARBOR FL 33980**

Mailing Address  
**23111 HARBORVIEW ROAD  
CHARLOTTE HARBOR FL 33980**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0880312**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMMER, ALLEN  
905 LA VILLA RD  
PUNTA GORDA FL 33950**

Name **RUSSELL HUNTER**  
Street Address (P.O. Box Number is Not Acceptable) **1512 RIO DE JANEIRO #227**  
City **PUNTA GORDA, FL** Zip Code **33983**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Russ Hunter* **RUSSELL HUNTER** **3-26-03**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **GOMMER, ALLEN R**  
STREET ADDRESS **903 LA VILLA RD**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **PD** ☒ Change ☐ Addition  
NAME **RODNEY CLEM LAIN**  
STREET ADDRESS **15039 CHAMBERLAIN BLVD**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33983**

TITLE **VPT** ☒ Delete  
NAME **WEBER, RACHEL**  
STREET ADDRESS **4263 WORCHESTER DR**  
CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **VPT** ☒ Change ☐ Addition  
NAME **ROSE MARIE HUNTER**  
STREET ADDRESS **1512 RIO DE JANEIRO AVE #227**  
CITY-ST-ZIP **PUNTA GORDA, FL 33983**

TITLE **ST** ☒ Delete  
NAME **DAVIS, SHARON E**  
STREET ADDRESS **4135 KINGS HWY LOT 47**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **ST** ☒ Change ☐ Addition  
NAME **ROBERT DANILSON**  
STREET ADDRESS **3551 MONTGOMERY DR**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33981**

TITLE **D** ☒ Delete  
NAME **PABERZS, RON D**  
STREET ADDRESS **3106 SUNRISE TR.**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **D** ☒ Change ☐ Addition  
NAME **PAUL ANDERSON**  
STREET ADDRESS **4800 SW COUNTRY RD #769**  
CITY-ST-ZIP **ARCADIA, FL 34269**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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)(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: *Debra* **DEBRA** **3/31/03** **941 629-1645**

CR2E037 (10/02)