

2000 UNIFORM BUSINESS REPORT (UBR)

001078

DOCUMENT # N98000003305

1. Entity Name

MONSTER CLUB FOUNDATION SERVICES, INC.

Principal Place of Business

1551 SANDSPUR ROAD
MAITLAND FL 32751

Mailing Address

POST OFFICE BOX 4961
ORLANDO FL 32802-4961

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

59-3519114 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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- NAME	D GINSBURG, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS	1551 SANDSPUR ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE- NAME	D GINSBURG, SHARON L	<input type="checkbox"/> Delete
STREET ADDRESS	1551 SANDSPUR ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE- NAME	D GINSBURG, JEFFREY S	<input type="checkbox"/> Delete
STREET ADDRESS	1551 SANDSPUR ROAD	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE- NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE- NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE- NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE- NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	708003145437-7	
CITY-ST-ZIP	-02/24/00--01005--009	
	*****61.25 *****61.25	
TITLE- NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE- NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE- NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE- NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE- NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

~~SIGNATURE REQUIRED~~

JEFFREY S. GINSBURG, DIRECTOR

2-14-00

Date

407/741-8500

Daytime Phone #

CR2E037 (9/99)

FILED

00 FEB 17 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE