2000 UNIFORM BUSINESS REPORT (UBR)

5/18/00 5/1

FILED
Aug 17, 2000 8:00 am
Secretary of State
05-18-2000 90370 002 ****61.25

DOCUMENT # N99000000674
Entity Name

EUSTIS KITCHEN CLUB, INC.

R

Principal Place of Business	Mailing Address
PINE ST. FL 34788	11136 PINE ST. LEESBURG FL 34788-4336

DO NOT WRITE IN THIS SPACE

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 59-3560123 ☐ Applied For ☐ Not Applicable

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
GLESSNER, FRED W 11136 PINE ST. LEESBURG FL 34788	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 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

OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
President Glessner, Fred W 11136 Pine St ~~Leesburg, Fl 34788~~ D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
Vice President Alexander Micheal E 403 South Ave ~~Eustis, Fl 32726~~ D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
Secretary Vaughn, Leslie ~~11146 Pine St~~ ~~Leesburg, FL 34748~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Secretary Wood, Glenn L ~~114 W Gulflinks Ave~~ ~~Eustis, Fl 32726~~ D ☒ Change ☐ Addition
Treasurer Bolderson, Jack E 29118 Short St Leesburg, Fl 34748 D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E037 (9/99)

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 Jack L Bolderson 6/22/00 (352) 267-2649 m
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR Date Daytime Phone #

Jack Bolderson 8-11-00