

2001 UNIFORM BUSINESS REPORT (UBR)

0015522

DOCUMENT # N99000000674

1. Entity Name

EUSTIS KITCHEN CLUB, INC.

Principal Place of Business

11136 PINE ST.
LEESBURG FL 34788

Mailing Address

11136 PINE ST.
LEESBURG FL 34788

2. Principal Place of Business

29118 SHORT ST
Suite, Apt. #, etc.

3. Mailing Address

29118 SHORT ST
Suite, Apt. #, etc.

City & State

LEESBURG FL

City & State

LEESBURG FL

Zip

34748

Country

LAKE

Zip

34748

Country

LAKE

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

GLESSNER, FRED W
11136 PINE ST.
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name JACK BOLDESON
Street Address (P.O. Box Number is Not Acceptable)
29118 SHORT ST
City LEESBURG FL Zip Code 34748

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

JACK BOLDESON

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

JACK BOLDESON

(NOTE: Registered Agent signature required when reinstating)

9-23-01

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	GLESSNER, FRED	
STREET ADDRESS	11136 PINE STREET	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALEXANDER, MICHAEL	
STREET ADDRESS	403 SOUTH AVE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VAUGHN, LESLIE	
STREET ADDRESS	11146 PINE STREET	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOLDESON, JACK	
STREET ADDRESS	29118 SHORT STREET	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400004621294--6	
CITY-ST-ZIP	-10/03/01--01029--005	
	****236.25 ****236.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD WARINGLEY	
STREET ADDRESS	96301 STRATFORD CT.	
CITY-ST-ZIP	GRAND ISLAND FL 32735	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JACK BOLDESON REQUIRED

9-23-01

252-267-2649

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 10:25



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

01

CR2E037 (5/01)