

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90031 011 \*\*\*\*61.25

**DOCUMENT # N99000000674**

1. Entity Name

**EUSTIS KITCHEN CLUB, INC.**



Principal Place of Business

**29118 SHORT ST  
LEESBURG FL 34748**

Mailing Address

**29118 SHORT ST  
LEESBURG FL 34748**

**54034441**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3560123**

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

**BOLDERSON, JACK  
29118 SHORT ST  
LEESBURG FL 34748**

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

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  
Due By May 1, 2004**

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          | VPD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | ALEXANDER, MICHAEL    |  |
| STREET ADDRESS | 403 SOUTH AVE         |  |
| CITY-STATE-ZIP | EUSTIS FL 32726       |  |
| TITLE          | SD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | WARDINGLEY, TODD      |  |
| STREET ADDRESS | 76301 STRATFORD CT    |  |
| CITY-STATE-ZIP | GRAND ISLAND FL 32735 |  |
| TITLE          | TD                    | <input type="checkbox"/> Delete            |
| NAME           | BOLDERSON, JACK       |  |
| STREET ADDRESS | 29118 SHORT STREET    |  |
| CITY-STATE-ZIP | LEESBURG FL 34748     |  |
| TITLE          | PD                    | <input type="checkbox"/> Delete            |
| NAME           | DARITY, MARVIN K SR   |  |
| STREET ADDRESS | 2370 W CR 44          |  |
| CITY-STATE-ZIP | EUSTIS FL 32726       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-STATE-ZIP |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-STATE-ZIP |                       |  |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | VPD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | WILLARD O'NEILL       |  |
| STREET ADDRESS | 29234 BEAUCLAIR DR    |  |
| CITY-STATE-ZIP | TAVARES FL 32778      |  |
| TITLE          | SD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | GAYLE CORREAL         |  |
| STREET ADDRESS | 201 S EUSTIS ST APT 7 |  |
| CITY-STATE-ZIP | EUSTIS FL 32726       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-STATE-ZIP |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-STATE-ZIP |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-STATE-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 Bolderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-10-04**