

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
 04-09-2001 90046 043 ****61.25

0076765

DOCUMENT # N99000003334

1. Entity Name

DESOTO CORRECTIONAL INSTITUTION EMPLOYEES CLUB I

Principal Place of Business

DESOTO CORRECTIONAL INSTITUTION
 P.O. BOX 1072
 ARCADIA FL 34265

Mailing Address

DESOTO CORRECTIONAL INSTITUTION
 P.O. BOX 1072
 ARCADIA FL 34265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13617 SE Highway 70

13617 SE Highway 70

City & State

City & State

Arcadia, FL

Arcadia, FL

Zip

Country

Zip

Country

34266-7800

USA

34266-7800

USA

6. Name and Address of Current Registered Agent

WILLIAMS, LINDA WARDEN
 13613 SE HWY 70
 ARCADIA FL 34266

4. FEI Number

59-3576891

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0043008



7. Name and Address of New Registered Agent

Name Robert O'Connor

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

13617 SE Highway 70

City

Arcadia

FL

Zip Code

34266-7800

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-7-01

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME NICHOLAS, PETER
 STREET ADDRESS 3778 SE CTY RD 760
 CITY-ST-ZIP ARCADIA FL 34266 ☐ Delete

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

TITLE TD
 NAME LINDSAY, PATRICIA A
 STREET ADDRESS P.O. BOX 1908
 CITY-ST-ZIP ARCADIA FL 34265 ☐ Delete

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

TITLE SD
 NAME RHODES, BEVERLY
 STREET ADDRESS P.O. BOX 1072
 CITY-ST-ZIP ARCADIA FL 34265 ☒ Delete

TITLE SD
 NAME Shiela Bowden
 STREET ADDRESS 13615 SE Highway 70
 CITY-ST-ZIP Arcadia, FL 34266 ☐ Change ☒ Addition

TITLE VPD
 NAME WESTBERRY, DAVID
 STREET ADDRESS 1836 N.W. TRISH
 CITY-ST-ZIP ARCADIA FL 34266 ☐ Delete

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

TITLE D
 NAME WILLIAMS, LINDA
 STREET ADDRESS 13617 S.E. HIGHWAY 70
 CITY-ST-ZIP ARCADIA FL 34266-7800 ☒ Delete

TITLE D
 NAME Robert O'Connor
 STREET ADDRESS 13617 SE Highway 70
 CITY-ST-ZIP Arcadia, FL 34266-7800 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(863) 494-3727

CR2E037 (10/00)