

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90064 008 ****61.25

DOCUMENT # N99000003334

1. Entity Name

**DESOTO CORRECTIONAL INSTITUTION EMPLOYEES CLUB I
 NC.**

Principal Place of Business

Mailing Address

**13617 SE HIGHWAY 70
 ARCADIA FL 34266-7800**

**13617 SE HIGHWAY 70
 ARCADIA FL 34266-7800**

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

59-3576891

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

**O'CONNOR, ROBERT
 13617 SE HIGHWAY 70
 ARCADIA FL 34266-7800**

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

Robert W. O'Connor

ROBERT W. O'CONNOR

4-12-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **BEVERLY RHODES**
 STREET ADDRESS **13617 SE HIGHWAY 70**
 CITY-ST-ZIP **ARCADIA, FL 34266-7800**

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

TITLE **SD** ☒ Change ☐ Addition
 NAME **ROBERTA FARCUS**
 STREET ADDRESS **13617 SE HIGHWAY 70**
 CITY-ST-ZIP **ARCADIA, FL 34266-7800**

TITLE **SD** ☒ Delete
 NAME **BOWDEN, SHEILA**
 STREET ADDRESS **13615 SE HIGHWAY 70**
 CITY-ST-ZIP **ARCADIA FL 34266**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **WILLIAM HODGES**
 STREET ADDRESS **13617 SE HIGHWAY 70**
 CITY-ST-ZIP **ARCADIA, FL 34266-7800**

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

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

TITLE **D** ☐ Delete
 NAME **O'CONNOR, ROBERT**
 STREET ADDRESS **13617 S.E. HIGHWAY 70**
 CITY-ST-ZIP **ARCADIA FL 34266-7800**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Patricia A. Lindsay
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/02 863-494-3227

CR2E037, (9/01)