2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # N9900006342 1. Entity Name HACIENDA VILLAGE SOCIAL CLUB, INC. 04-30-2001 90144 002 ****61.25 Principal Place of Business Mailing Address 7500 GRANADA AVE 7500 GRANADA AVE **NEW PORT RICHEY FL 34653** NEW PORT RICHEY FL 34653 80042979 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3604864 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORAL D Street Address (P.O. Box Number is Not Acceptable) JUDD, CHRISTENA M 7216 ASTURIA AVE **NEW PORT RICHEY FL 34653** 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 GORACO T. MOFFOR FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PROSIDENT - DIRECTOR TITLE Delete TITLE Change Addition GORALD T. MESSER JUDD, CHRISTENA M NAME NAME 6106 Concordia AUE 7216 ASTURIA AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP NEW PORT RICHMY, FC **NEW PORT RICHEY FL 34653** CITY-ST-ZIP V.P. DINFETOR TITLE Delete TITLE Change Addition EUGENE WICEARD FENLON, EDWARD P NAME 1200 GIBRACTER AUG STREET ADDRESS 6011 NAVARRA CT STREET ADDRESS CITY-ST-7IP **NEW PORT RICHEY FL 34653** CITY-ST-ZIP NOW PORT RICHOY, EC 34653 SD TITLE Delete TITLE SOCKETHING DIRECTOR Change Addition BALLARD, MARCIA NAME NAME Jayes GiBBS 7100 AMORA AVE 6020 MADERIA AUG. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE **NEW PORT RICHEY FL 34653** CITY-ST-ZIP חד TITLE ☐ Detete TITLE DVORAK, JACK NAME NAME STREET ADDRESS 7210 SONORA AVE STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34653** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THAWASA 4

4/23/0,841-927-9724

FILED