

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

0016485

**DOCUMENT # N99000007399**

1. Entity Name

**CHAUTAUQUA CYBER CLUB, INC.**

03-08-2001 90072 029 \*\*\*\*61.25

Principal Place of Business

P.O. BOX 251  
 DEFUNIAK SPRINGS FL 32435

Mailing Address

P.O. BOX 251  
 DEFUNIAK SPRINGS FL 32435

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ATWELL, JIM**  
**401 TEN LAKES DRIVE**  
**DEFUNIAK SPRINGS FL 32433**

7. Name and Address of New Registered Agent

Name

**Jordan B Hillard**

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

**59 Bay Ave**

City

**DeFuniak Springs**

**FL**

Zip Code

**32435-2816**

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

*Jordan B Hillard*

**Jordan B Hillard**

**March 5, 2001**

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

TITLE **PD** ☒ Delete  
 NAME **ATWELL, JIM**  
 STREET ADDRESS **401 TEN LAKES DR**  
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **DV** ☒ Delete  
 NAME **POLITO, TIMOTHY C**  
 STREET ADDRESS **177 CREEKSIDE DR**  
 CITY-ST-ZIP **FREEPORT FL 32439**

TITLE **SD** ☒ Delete  
 NAME **EDWARDS, MITZIE**  
 STREET ADDRESS **367 TIMBERLAKE DR**  
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **TD** ☒ Delete  
 NAME **MARTINECK, ANA**  
 STREET ADDRESS **97 MARTINECK LANE**  
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Jordan B Hillard**  
 STREET ADDRESS **59 Bay Ave**  
 CITY-ST-ZIP **DeFuniak Springs FL 32435-2816**

TITLE **DV** ☒ Change ☐ Addition  
 NAME **Patricia King**  
 STREET ADDRESS **79 Jim Lee Rd**  
 CITY-ST-ZIP **DeFuniak Springs FL 32433-7240**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **Robert Nelson**  
 STREET ADDRESS **101 Nicole Lane**  
 CITY-ST-ZIP **Ponce de Leon FL 32455**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **Lorraine Steinberg**  
 STREET ADDRESS **249 Country Manor Rd**  
 CITY-ST-ZIP **DeFuniak Springs FL 32435-6029**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Timothy C Polito**  
 STREET ADDRESS **177 Creekside DR**  
 CITY-ST-ZIP **Freeport FL 32439**

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** *Lorraine Steinberg*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/01**  
 Date

**850 951-0830**  
 Daytime Phone #

CR2E037 (10/00)