

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007399

1. Entity Name

CHAUTAUQUA CYBER CLUB, INC.

FILED

Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90022 032 ****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

7. Name and Address of New Registered Agent

HILLARD, JORDAN B
59 BAY AVENUE
DEFUNIAK SPRINGS FL 32435-2816

Name
~~Robert Nelson~~
Street Address (P.O. Box Number is Not Acceptable)
101 Nicole Lane
City
Ponce de Leon FL Zip Code
32455

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 Nelson* Robert Nelson January 19, 2002
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
NAME HILLARD, JORDAN B
STREET ADDRESS 59 BAY AVENUE
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435-2816 ☐ Delete

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

TITLE DV
NAME KING, PATRICIA
STREET ADDRESS 79 JIM LEE ROAD
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433-7240 ☐ Delete

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

TITLE SD
NAME NELSON, ROBERT
STREET ADDRESS 101 NICHOLE LANE
CITY-ST-ZIP PONCE DE LEON FL 32455 ☐ Delete

TITLE S/D
NAME Flora Conger
STREET ADDRESS 1296 S 2nd St
CITY-ST-ZIP DeFuniak Springs FL 32435 ☒ Change ☐ Addition

TITLE TD
NAME STEINBERG, LORRAINE
STREET ADDRESS 249 COUNTRY MANOR ROAD
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435-6029 ☐ Delete

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

TITLE D
NAME POLITO, TIMOTHY C
STREET ADDRESS 177 CREEKSIDE DRIVE
CITY-ST-ZIP FREEPORT FL 32439 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Helen Hoffman
STREET ADDRESS 108 Pisces Lane
CITY-ST-ZIP DeFuniak Springs FL 32433 ☐ 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: *Lorraine Steinberg* Lorraine Steinberg January 19, 2002 850 951-0890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)