

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90039 033 \*\*\*\*\*61.25

**DOCUMENT # N99000007399**

1. Entity Name

**CHAUTAUQUA CYBER CLUB, INC.**



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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NELSON, ROBERT**  
**101 NICOLE LANE**  
**PONCE DE LEON FL 32455**

Name

**Daniel Murray**

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

**3163 Magnolia St**

City

**Cottondale**

**FL**

Zip Code

**32431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Daniel Murray, President 21 Jan 2003**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **NELSON, ROBERT**  
STREET ADDRESS **101 NICOLE LANE**  
CITY-ST-ZIP **PONCE DE LEON FL 32455**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Daniel Murray**  
STREET ADDRESS **3163 Magnolia St**  
CITY-ST-ZIP **Cottondale FL 32431**

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

TITLE **DV** ☒ Change ☐ Addition  
NAME **Andy Dula**  
STREET ADDRESS **722 Mallet Bayou Rd**  
CITY-ST-ZIP **Freeport FL 32439**

TITLE **SD** ☒ Delete  
NAME **CONGER, FLORA**  
STREET ADDRESS **1296 S 2ND ST**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32435**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Lee R McDaniel**  
STREET ADDRESS **1080 W Hwy 90**  
CITY-ST-ZIP **DeFuniak Springs FL 32435**

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

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

TITLE **D** ☐ Delete  
NAME **HILLARD, JORDAN B**  
STREET ADDRESS **59 BAY AVE**  
CITY-ST-ZIP **DE FUNIAK SPRINGS FL 32435-2816**

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

TITLE **D** ☒ Delete  
NAME **HOFFMAN, HELEN**  
STREET ADDRESS **108 PISCES LANE**  
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **D** ☒ Change ☐ Addition  
NAME **Mariea Creamer**  
STREET ADDRESS **79 Bishop Lane**  
CITY-ST-ZIP **DeFuniak Springs FL 32435**

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**

**1/22/03**

**850 951-0830**

CR2E037 (10/02)