

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90124 019 \*\*\*150.00

**DOCUMENT # P01000067217**

**1. Entity Name**  
**ALL CITY SOCIAL AND TRAVEL CLUB, INC.**

**Principal Place of Business**

**931 KINGS MOUNTAIN RD.  
 DELAND FL 32720**

**Mailing Address**

**931 KINGS MOUNTAIN RD.  
 DELAND FL 32720**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**222 E. UNIVERSITY AVE.**

**3. Mailing Address**

**996 SWEETBRIER DR.**

**Suite, Apt. #, etc.**

**% SOROSIS CLUB OF O.C.**

**Suite, Apt. #, etc.**

**ORANGE CITY, FL INC.**

**DELTONA, FL**

**4. FEI Number**

**59-3729311**

**Applied For**

**Not Applicable**

**City & State**

**ORANGE CITY, FL**

**Country**

**USA**

**City & State**

**DELTONA, FL**

**Country**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**COPPOLA, GERALYN**

**222 EAST UNIVERSITY AVE.  
 ORANGE CITY FL 32774**

**7. Name and Address of New Registered Agent**

**CILLE LANDERS**

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

**2766 NEWMARK DR**

**City DELTONA**

**FL**

**Zip Code**

**32738**

**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 CILLE LANDERS - PRESIDENT**

*Cille Landers*

**1-24-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)**

☒

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

**10. Election Campaign Financing  
 Trust Fund Contribution.**

☐

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>PISHNERY, ELAINE M</b>	
<b>STREET ADDRESS</b>	<b>931 KINGS MOUNTAIN RD.</b>	
<b>CITY-ST-ZIP</b>	<b>DELAND FL 32720</b>	
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LANDERS, CILLE</b>	
<b>STREET ADDRESS</b>	<b>2766 NEWMARK DR.</b>	
<b>CITY-ST-ZIP</b>	<b>DELTONA FL 32725</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CONNOR, CONNIE</b>	
<b>STREET ADDRESS</b>	<b>996 SWEETBRIAR DR.</b>	
<b>CITY-ST-ZIP</b>	<b>DELTONA FL 32725</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BEACH, HELEN</b>	
<b>STREET ADDRESS</b>	<b>1437 MEADOWLARK DR.</b>	
<b>CITY-ST-ZIP</b>	<b>DELTONA FL 32725</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>LANDERS, CILLE</b>	
<b>STREET ADDRESS</b>	<b>2766 NEWMARK DR</b>	
<b>CITY-ST-ZIP</b>	<b>DELTONA, FL 32738</b>	
<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>TOM GINEO</b>	
<b>STREET ADDRESS</b>	<b>966 WILMINGTON DR</b>	
<b>CITY-ST-ZIP</b>	<b>DELTONA, FL 32725</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE: Connie Connor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-24-02**

Date

**386-  
 574-9393**

Daytime Phone #

CR2E034 (9/01)