2002 UNIFORM BUSINESS REPORT (UBR)

Mar 04, 2002 8:00 am 5 Secretary of State P01000085219 DOCUMENT # 03-04-2002 90037 006 ***150.00 SENIORS GOLD CLUB, INC. Principal Place of Business Mailing Address 2855 BARRY DR 2855 BARRY DR **DELTON FL 32725 DELTON FL 32725** 2. Principal Place of Business 3. Mailing Address III West Rich Ave. III West Rich Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 3705370 City & State Applied For City & State <u>Deland</u> Deland Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADFORD, STEPHANIE Street Address (P.O. Box Number is Not Acceptable) 2855 BARRY DR **DELTON FL 32725** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATÉ FILE NOW!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS Barry Drive STREET ADDRESS Deltona FC 32725 CITY-ST-7IP CITY-ST-ZIP Treasurer, Secretary Stephanie Bradford ☐ Change TITLE ☐ Delete TITLE NAME NAMÉ 2855 Barry Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED