

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90039 005 ***150.00

DOCUMENT # P06000141988

1. Entity Name
GDV CLUB, INC.



Principal Place of Business
100 E GRANADA BLVD
ORMOND BEACH, FL 32176

Mailing Address
100 E GRANADA BLVD
ORMOND BEACH, FL 32176

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5871919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORNT0, BRADFORD B
149 S RIDGEWOOD AVE STE 550
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COLTELLI, LARRY	
STREET ADDRESS	247 N BEACH STREET	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLOSSBERG, STEVEN M	
STREET ADDRESS	1601 N HALIFAX	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRICK, TIMOTHY J	
STREET ADDRESS	1320 DOVERCOURT LANE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRISSON, DENNIS P	
STREET ADDRESS	423 QUAY ASSISI	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOILTON, J. SCOTT	
STREET ADDRESS	15 SOUTHERN PINE TRAIL	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 EAST GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 EAST GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 EAST GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 EAST GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE SCHLOSSBERG 2-2-07 (386) 257-2026

Date

Daytime Phone #