

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91386 043 \*\*\*150.00

0508375 AV

**DOCUMENT # P98000047015**

1. Entity Name  
**ROOSEVELT RECREATION & SOCIAL CLUB, INC.**



Principal Place of Business  
**230 "B" STREET  
LAKE WALES FL 33853**

Mailing Address  
**230 "B" STREET  
LAKE WALES FL 33853**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3513454**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete  
NAME **MACK, JEROME**  
STREET ADDRESS **421 PEARL STREET**  
CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE **PD** ☐ Delete  
NAME **HAWKINS, ALBERT JR**  
STREET ADDRESS **156 GRANT STREET**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Hawkins, Albert Jr**  
STREET ADDRESS **156 Grant Street**  
CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE **VD** ☐ Delete  
NAME **HORNE, CLINTON**  
STREET ADDRESS **507 E POLK AVE**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Clinton Horne**  
STREET ADDRESS **507 E. Polk Avenue**  
CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE **SD** ☒ Delete  
NAME **PETERSON, MAE F**  
STREET ADDRESS **470 AUSTIN STREET**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Manley, Alice**  
STREET ADDRESS **510 Crescent Circle**  
CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE **VD** ☐ Delete  
NAME **HOWELL, TERRY**  
STREET ADDRESS **611 CARVER DRIVE**  
CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE **T** ☒ Delete  
NAME **YOUNG, BOOKER T JR**  
STREET ADDRESS **201 NORTH AVENUE**  
CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **T** ☐ Change ☒ Addition  
NAME **Hawkins, Dorothy**  
STREET ADDRESS **325 Ohio St.**  
CITY-ST-ZIP **Lake Wales, FL 33853**

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 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/03 (863)679-8091**

Date

Daytime Phone #

CR2E034 (10/02)