

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90104 020 ***150.00

DOCUMENT # V13738

1. Entity Name

SINGLE CHRISTIANS SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

~~9229 N.W. 16TH STREET~~ I MOVED ~~9229 N.W. 16TH STREET~~ I MOVED
~~CORAL SPRINGS FL 33071-6044~~ ~~CORAL SPRINGS FL 33071-6044~~

2. Principal Place of Business

3. Mailing Address

4137 BAHIA ISLE CIR. 4137 Bahia Isle Circle
Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

WELLINGTON, FL.

Wellington, FL

4. FEI Number

65-0316634

Applied For

Not Applicable

Zip

Country

Zip

Country

33467

U.S.A.

33467

USA

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

MCGREGOR, RONALD C.

~~9229 N.W. 16TH STREET~~ 4137 BAHIA ISLE CIRCLE
~~CORAL SPRINGS FL 33071-6044~~

WELLINGTON, FL. 33467

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.

SIGNATURE

Ronald C. McGregor

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete

NAME MCGREGOR, RONALD C.

STREET ADDRESS ~~9229 N.W. 16TH ST.~~ 4137 Bahia Isle Circle

CITY-ST-ZIP ~~CORAL SPRINGS FL~~ Wellington FL 33467 ☐ Delete

TITLE ☐ Change ☐ Delete

NAME

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NAME

STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald C. McGregor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00 (561) 792-408