

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90339 016 ****61.25

0087

DOCUMENT # N48441

1. Entity Name

EGLIN FEDERAL PRISON CAMP EMPLOYEES' CLUB, INC.

Principal Place of Business

Mailing Address

FLAGLER RD
 BLDG 591
 EGLIN AFB FL 32542

EMPLOYEE'S CLUB EGLIN PRISON CAMP
 P.O. BOX 600
 EGLIN AFB FL 32542-7606
 US

D0029835



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2757720**

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

MOORE, BART O.
102 BAYSHORE DR
NICEVILLE FL 32578-2421

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	WILES, JANEY L	FLAGLER RD., BLDG. 591	EGLIN AFB FL	<input checked="" type="checkbox"/>
DV	CARTER, LOUIS L	FLAGLER RD BLDG 591	EGLIN AFB FL	<input checked="" type="checkbox"/>
SD	KARCEWSKI, TAMMY	FLAGLER RD., BLDG. 591	EGLIN AFB FL	<input checked="" type="checkbox"/>
TD	GODWIN, DEBORAH L	FLAGLER RD., BLDG. 591	EGLIN AFB FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Hutcheson, Christopher A.	Flagler Rd. Bldg 591	Eglin AFB FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DV	Wells, Clayton W.	Flagler Rd. Bldg 591	Eglin AFB FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Dariotis, Eleni M.	Flagler Rd. Bldg 591	Eglin AFB FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	King, Gail E.	Flagler Rd. Bldg 591	Eglin AFB FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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: **Christopher Hutcheson**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/19/01** Daytime Phone #: **(850) 729-8162**

CR2E037 (10/00)