

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700005

1. Entity Name

PEACE RIVER AND PALM SHORES SOCIAL CLUB, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90080 046 ****61.25

Principal Place of Business

Mailing Address

29075 RIVERVIEW LANE
PUNTA GORDA FL 33982-8535

29075 RIVERVIEW LANE
PUNTA GORDA FL 33982-8535

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2344981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONAHUE, WILLIAM
195 SUMMERSET DR
PUNTA GORDA FL 33982

Name

EUGENE COY

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

285 EVERGREEN ST.

City

PUNTA GORDA

FL

Zip Code

33982

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 EUGENE COY VICE PRESIDENT

5/1/2000

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 P ☐ Delete
NAME COY, EUGENE
STREET ADDRESS 285 EVERGREEN ST
CITY-ST-ZIP PUNTA GORDA FL

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

TITLE V ☐ Delete
NAME SMITH, LINDA
STREET ADDRESS 471 RIDGECREST DR
CITY-ST-ZIP PUNTA GORDA FL 33982

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

TITLE T ☒ Delete
NAME WEBSTER, JAN
STREET ADDRESS 273 RIO VISTA AVE
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE T ☐ Change ☒ Addition
NAME JACK PHILLIPS
STREET ADDRESS 292 60 ALFARETTA
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE D ☐ Delete
NAME ALDRICH, BVD
STREET ADDRESS 28411 COCO PALM DR.
CITY-ST-ZIP PUNTA GORDA FL 33982

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

TITLE D ☒ Delete
NAME SLOAN, PAT
STREET ADDRESS 122 DAHOON BLVD
CITY-ST-ZIP PUNTA GORDA FL

TITLE D ☐ Change ☒ Addition
NAME WILLIAM NORRIS
STREET ADDRESS 28482 SILVER PALM DR.
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE D ☐ Delete
NAME PLATONIS, TOM
STREET ADDRESS 29184 PICADOR ST
CITY-ST-ZIP PUNTA GORDA FL 33982

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

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: DONNA P. ALBUQUERQUE NAIL SECRETARY 4/26 (941) 575-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)