2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9500000490

1. Entity Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

4615 GULF BLVD, STE 112

ST PETE BEACH FL 33736

4615 GULF BLVD, STE 112

SMITH, RON



Jan 17, 2003 8:00 am § Secretary of State 01-17-2003 90034 041 ****61.25

FILED

ALANO BEACH CLUB, INC.	
Principal Place of Business	Mailing Address
4615 GULF BLVD SUITE 112 ST PETE BEACH FL 33736 US	P O BOX 66793 ST PETE BEACH FL 33736-6793 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suité, Apt. #, etc.
City & State	City & State
	

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CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3240397 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, BRIAN E Street Address (P.O. Box Number is Not Acceptable) 7190 SEMINOLE BOULEVARD SEMINOLE FL 33772 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 25 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. \Box Added to Fees Florida Department of State C 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition MULLIGAN, TIM NAME NAME STREET ADDRESS 4615 GULF BLVD, STE 112 STREET ADDRESS CITY-ST-ZIP ST PETE BEACH FL 33736 CITY-ST-7IP DS ☐ Delete TITLE ☐ Change ☐ Addition FISHER, TINA NAME NAME STREET ADDRESS 4615 GULF BLVD, STE 112 STREET ADDRESS CITY-ST-ZIP ST PETE BEACH FL 33736 CITY-ST-ZIP DT TITLE Delete TITLE ☐ Change ☐ Addition SMILES, DIANA M NAME NAME STREET ADDRESS 4615 GULF BLVD, STE 112 STREET ADDRESS CITY-ST-ZIP ST PETE BEACH FL 33736 CITY-ST-ZIP TITLE **Delete** ☐ Change ☐ Addition SMILES, DIANE NAME NAME STREET ADDRESS 4615 GULF BLVD, STE 112 STREET ADDRESS CiTY-ST-ZIP ST PETE BEACH FL 33736 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAIER, GARY

ST PETE BEACH FL 33736 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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

ANAM. Smiles /15/03 SIGNATURE: ∠

Change

☐ Addition