

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90019 021 \*\*\*\*61.25

DOCUMENT # **N970000001326**

1. Entity Name  
**BRADENTON SHUFFLEBOARD CLUB**

Principal Place of Business Mailing Address  
**1525 8TH AVE DR. W.**  
**BRADENTON FL. 34205**

2. Principal Place of Business 3. Mailing Address  
**1525 8TH AVE DR W** **SAME**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**BRADENTON FL** **SAME**  
 Zip Country Zip Country  
**34205** **SAME**

DO NOT WRITE IN THIS SPACE  
 4. FEI Number Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**WALTER J. COCHRAN**  
**715 49TH AVE DR. E.**  
**BRADENTON FLA.**  
**34203**

7. Name and Address of New Registered Agent  
 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 **WALTER J. COCHRAN** *Walter J Cochran* **4-29-00**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

|                |   |
|----------------|---|
| TITLE          | <b>PRESIDENT</b> <input type="checkbox"/> Delete      |
| NAME           | <b>WALTER J COCHRAN</b>                               |
| STREET ADDRESS | <b>715 49TH AVE DR E</b>                              |
| CITY-ST-ZIP    | <b>BRADENTON FL 34203</b>                             |
| TITLE          | <b>VICE PRESIDENT</b> <input type="checkbox"/> Delete |
| NAME           | <b>FRED JONES</b>                                     |
| STREET ADDRESS | <b>5207 36TH ST W</b>                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL</b>                                   |
| TITLE          | <b>VICE PRESIDENT</b> <input type="checkbox"/> Delete |
| NAME           | <b>SHIRLEY JONES</b>                                  |
| STREET ADDRESS | <b>5207 36TH ST W</b>                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL</b>                                   |
| TITLE          | <b>VICE PRESIDENT</b> <input type="checkbox"/> Delete |
| NAME           | <b>RALPH SANITTI</b>                                  |
| STREET ADDRESS | <b>PALM BAY MOB HOME PK</b>                           |
| CITY-ST-ZIP    | <b>PALMETTO FL</b>                                    |
| TITLE          | <b>VICE PRESIDENT</b> <input type="checkbox"/> Delete |
| NAME           | <b>DON HEROLD</b>                                     |
| STREET ADDRESS | <b>18 BRADEN CASTLE DR</b>                            |
| CITY-ST-ZIP    | <b>BRADENTON FL</b>                                   |
| TITLE          | <b>TREASURER</b> <input type="checkbox"/> Delete      |
| NAME           | <b>AL SWYDER</b>                                      |
| STREET ADDRESS | <b>2009 24TH AVE W</b>                                |
| CITY-ST-ZIP    | <b>BRADENTON FL</b>                                   |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <b>FIN SEC.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>NORMAN WINE</b>  |
| STREET ADDRESS | <b>411 49C AVE E</b>  |
| CITY-ST-ZIP    | <b>BRADENTON FL 34203</b>   |
| TITLE          | <b>SEC.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| NAME           | <b>DONA DUNN</b>  |
| STREET ADDRESS | <b>3333 26TH AVE E</b>  |
| CITY-ST-ZIP    | <b>BRADENTON, FL</b>  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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: **NORMAN WINE** *Norman Wine* **4-29-00** **941-758-5764**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)