

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

0073717

DOCUMENT # N97000001326

1. Entity Name

BRADENTON SHUFFLEBOARD CLUB INC.

05-01-2001 90023 034 ****61.25

Principal Place of Business

1525 8TH AVE DR W
 BRADENTON FL 34205
 US

Mailing Address

1525 8TH AVE DR W
 BRADENTON FL 34205
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0690106

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COCHRAN, WALTER J
715 49TH AVE DR EAST
BRADENTON FL 34203

7. Name and Address of New Registered Agent

Name **JONES, SHIRLEY F.**
 Street Address (P.O. Box Number is Not Acceptable) **5207 36TH ST W.**
 City **BRADENTON** FL Zip Code **34210**

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 *X Shirley F Jones* **Shirley F Jones** **4-25-01**
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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|--|--|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | COCHRAN, WALTER J 715 49TH AVE DR E BRADENTON FL 34203 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input checked="" type="checkbox"/> Delete | HERROND, DANIEL 4917 R ST E BRADENTON FL 34203 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | JONES, FRED 5207 36TH ST W BRADENTON FL 34210 |
| <input checked="" type="checkbox"/> Delete | WALL, LESTER E 1103 49TH AVE DR W BRADENTON FL 34207 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | SANNITI, RALPH IV PALM BAY MOBILE HOME PK PALM BAY FL 34221 |
| <input type="checkbox"/> Delete | JONES, SHIRLEY F 5207 36TH ST W BRADENTON FL 34210 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | WILE, NORMAN 4KK 49TH C AVE BRADENTON FL 34203 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | SNYDER, ALLEN 2009 24TH AVE W BRADENTON FL 34205 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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: *Norman R. Wile* **NORMAN R. WILE** **4-25-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)