

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90303 022 ****61.25

DOCUMENT # N97000001326



1. Entity Name
BRADENTON SHUFFLEBOARD CLUB INC.

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

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 **59-0690106** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

10052078



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, SHIRLEY F
5207 36TH ST W
BRADENTON FL 34210

Name ~~WODA, JOSEPH~~
Street Address (P.O. Box Number is Not Acceptable)
9910 SUNCREST ST
City **PARRISH FL** Zip Code **34219**

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 *Joseph Woda*
(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

MARCH 29 2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete.
NAME	WODA, JOSEPH	
STREET ADDRESS	9910 SUNCREST ST	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, FRED	
STREET ADDRESS	5207 36TH ST W	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANNITI, RALPH N	
STREET ADDRESS	PALM BAY MOBILE HOME PL	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JONES, SHIRLEY F	
STREET ADDRESS	5207 36TH ST W	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	FS	<input type="checkbox"/> Delete
NAME	WILE, NORMAN	
STREET ADDRESS	4KK 49TH C AVE	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	T	<input type="checkbox"/> Delete
NAME	SNYDER, ALLEN	
STREET ADDRESS	2009 24TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, SHIRLEY F.	
STREET ADDRESS	126 HUMMINGBIRD AVE	
CITY-ST-ZIP	ELLINGTON, FL 34222	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, FRED	
STREET ADDRESS	126 HUMMINGBIRD AVE	
CITY-ST-ZIP	ELLINGTON, FL 34222	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES E. BAILEY	
STREET ADDRESS	5619 BAYSHORE RD #139	
CITY-ST-ZIP	PALMETTO, FL 34221	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* 3-29-03 941-758-5764

CR2E037 (10/02)