

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90172 023 ****70.00

DOCUMENT # N97000004608

1. Entity Name

THE CARIBBEAN AMERICAN CLUB, INC.

Principal Place of Business

Mailing Address

6211 S MARTINDALE AVENUE
 TAMPA FL 33611

P.O. BOX 320032
 TAMPA FL 33679-2032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. -FEI Number

59-3466877

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**TAYLOR, MARY L
 PREVATT ENGLAND & TAYLOR
 201 N FRANKLIN SUITE 2505
 TAMPA FL 33602**

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

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

| | | |
|----------------|--|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MILLER, JOSEPH R | |
| STREET ADDRESS | 2701 N ROCKY POINT DRIVE STE 1125 | |
| CITY-ST-ZIP | TAMPA FL 33607 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HUNTER, CYNTHIA | |
| STREET ADDRESS | 3808 RANDALL ST APT A | |
| CITY-ST-ZIP | TAMPA FL 33611 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ERNI, MARY M | |
| STREET ADDRESS | 6310 N 20TH STREET | |
| CITY-ST-ZIP | TAMPA FL 33610 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHELTON, RUDY | |
| STREET ADDRESS | 8502 WILLOW FOREST DR | |
| CITY-ST-ZIP | TAMPA FL 33614 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CATT, ELSIE | |
| STREET ADDRESS | 2796 FOREST PARKWAY S | |
| CITY-ST-ZIP | LARGO FL 33771 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, ERIC | |
| STREET ADDRESS | 10101 WILLOW WAY | |
| CITY-ST-ZIP | TAMPA FL 33617 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|--|
| 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 | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SHELTON, EMMA | |
| STREET ADDRESS | 8502 WILLOW FOREST COURT | |
| CITY-ST-ZIP | TAMPA, FL 33614 | |
| 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 | | |

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:

SIGNATURE REQUIRED *Joseph Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/2000 837-9823

CR2E037 (9/99)