

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90044 019 \*\*\*\*70.00

**DOCUMENT # N97000004608**

1. Entity Name

**THE CARIBBEAN AMERICAN CLUB, INC.**

Principal Place of Business

**6211 S MARTINDALE AVEUE  
TAMPA FL 33611**

Mailing Address

**P.O. BOX 320032  
TAMPA FL 33679**

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

**59-3466877**

Applied For

Not Applicable

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

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

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

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

TITLE **D** ☒ Delete  
NAME **MILLER, JOSEPH R**  
STREET ADDRESS **2701 N ROCKY POINT DRIVE STE 1125**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **President** ☒ Change ☐ Addition  
NAME **Lillian R. Hynds**  
STREET ADDRESS **2415 Linsey St.**  
CITY-ST-ZIP **Tampa, FL 33605**

TITLE **D** ☒ Delete  
NAME **HUNTER, CYNTHIA**  
STREET ADDRESS **3808 RANDALL ST APT A**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Aida Hunter**  
STREET ADDRESS **3707 Gray St. No**  
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **D** ☐ Delete  
NAME **SHELTON, EMMA**  
STREET ADDRESS **8502 WILLOW FOREST COURT**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **D** ☐ Change ☐ Addition  
NAME **D**  
STREET ADDRESS   
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **SHELTON, RUDY**  
STREET ADDRESS **8502 WILLOW FOREST DR**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **D** ☒ Change ☐ Addition  
NAME **Tammy Haylock-Moore**  
STREET ADDRESS **3908 N. Ridge Ave.**  
CITY-ST-ZIP **Tampa, FL 33603**

TITLE **D** ☒ Delete  
NAME **CATT, ELSIE**  
STREET ADDRESS **2796 FOREST PARKWAY S**  
CITY-ST-ZIP **LARGO FL 33771**

TITLE **D** ☒ Change ☐ Addition  
NAME **Inez Bodden**  
STREET ADDRESS **4705 Cresthill Drive**  
CITY-ST-ZIP **Tampa, FL 33615**

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **Naomi Ryan**  
STREET ADDRESS **16608 Willow Glen Dr.**  
CITY-ST-ZIP **Odessa, FL 33556**

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:

*Lillian R. Hynds*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lillian R. Hynds 2/3/01 (813)837-9823**

Date

Daytime Phone #

CR2E037 (10/00)