

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 385950

1. Entity Name  
EVERGLADES ATHLETIC CLUB, INC.

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90132 002 \*\*\*150.00

**A0047099**

Principal Place of Business  
Tabit Road  
Belle Glade, Fl 33430

Mailing Address  
P O Box 317  
Belle Glade, Fl 33430

2. Principal Place of Business  
72 SE Ave. E  
Suite, Apt. #, etc.

3. Mailing Address  
P O Box 317  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Belle Glade, Fl

City & State  
Belle Glade, Fl 33430

4. FEI Number  
59-1429118

Applied For  
Not Applicable

Zip  
33430

Country  
Palm Beach

Zip  
Country  
Palm Beach

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

6. Name and Address of Current Registered Agent  
THOMPSON, CURTIS A., JR.  
72 S E AVENUE E  
P O BOX 317  
BELLE GLADE, FL 33430

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, CURTIS A., JR. 72 S E AVENUE E BELLE GLADE, FL 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRIS, HORACE ST. RD. 715 BELLE GLADE, FL 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOOKER, ROBERT M. 1755 WEST LAKE RD., N. BELLE GLADE, FL 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROYAL, LARRY 216 NW AVE. E Belle Glade, Fl 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCroan, Ernie 134 Royal Palm Way Belle Glade, Fl 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Duff, Gene 227 N W Ave. L Belle Glade, Fl 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert M. Hooker*

SIGNATURE AND TYPE OF OFFICE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)