

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90080 046 \*\*\*\*61.25

**DOCUMENT # 700005**

1. Entity Name

**PEACE RIVER AND PALM SHORES SOCIAL CLUB, INC.**

Principal Place of Business

Mailing Address

29075 RIVERVIEW LANE  
 PUNTA GORDA FL 33982-8535

29075 RIVERVIEW LANE  
 PUNTA GORDA FL 33982-8535

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2344981**

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

7. Name and Address of New Registered Agent

**DONAHUE, WILLIAM**  
**195 SUMMERSET DR**  
**PUNTA GORDA FL 33982**

Name **EUGENE COY**

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

**285 EVERGREEN ST.**

City **PUNTA GORDA** FL Zip Code **33982**

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 **EUGENE COY VICE PRESIDENT**

**5/11/2000**

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 **P**  Delete  
 NAME **COY, EUGENE**  
 STREET ADDRESS **285 EVERGREEN ST**  
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **V**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **SMITH, LINDA**  
 STREET ADDRESS **471 RIDGECREST DR**  
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **P**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **WEBSTER, JAN**  
 STREET ADDRESS **273 RIO VISTA AVE**  
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **T**  Change  Addition  
 NAME **JACK PHILLIPS**  
 STREET ADDRESS **292 60 ALFARETTA**  
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **D**  Delete  
 NAME **ALDRICH, BVD**  
 STREET ADDRESS **28411 COCO PALM DR.**  
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SLOAN, PAT**  
 STREET ADDRESS **122 DAHOON BLVD**  
 CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **D**  Change  Addition  
 NAME **WILLIAM NORRIS**  
 STREET ADDRESS **28482 SILVER PALM DR.**  
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE **D**  Delete  
 NAME **PLATONIS, TOM**  
 STREET ADDRESS **29184 PICADOR ST**  
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE  Change  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: **DONNA STALE** **BEQUADIANE NAIL SECRETARY** 4/26 (941) 575-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)