

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700860

1. Entity Name

300 CLUB INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90069 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3715 N.W. 12TH AVE  
GAINESVILLE FL 32605

3715 N.W. 12TH AVE  
GAINESVILLE FL 32605-4816

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0942959

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

MOYAR, DAVID  
1717 N.E. 23 AVE  
APT. 2-D  
GAINESVILLE FL 32605

Name

Bruce F. Rogers

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

2221 N. W. 28th St.

City

Gainesville

FL

Zip Code

32605

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

*Bruce F. Rogers*  
Signature, typed or printed name of registered agent and title if applicable  
Bruce F. Rogers, Treasurer

(NOTE: Registered Agent signature required when reinstating)

1/20/00

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 DEAN, ROBERT  
STREET ADDRESS 3218 N.W. 31ST ST  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE P D ☐ Change ☒ Addition  
NAME CHRISTMANN, TOM  
STREET ADDRESS 2508 N.W. 34TH ST.  
CITY-ST-ZIP GAINESVILLE, FL. 32605

TITLE P ☐ Delete  
NAME DUNLAP, JOE  
STREET ADDRESS 600 S.W. 23 PLACE  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE D ☒ Change ☐ Addition  
NAME DUNLAP, JOE  
STREET ADDRESS 600 S.W. 23 PLACE  
CITY-ST-ZIP GAINESVILLE, FL. 32601

TITLE TD ☒ Delete  
NAME MOYAR, DAVID  
STREET ADDRESS 1717 N.E. 23 AVE, APT. 2-D  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE T, D ☐ Change ☒ Addition  
NAME ROGERS, BRUCE F.  
STREET ADDRESS 2221 N.W. 28 ST.  
CITY-ST-ZIP GAINESVILLE, FL. 32605

TITLE SD ☐ Delete  
NAME WILSON, MEEGAN  
STREET ADDRESS 620 N.W. 27 WAY  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE VP, D ☒ Change ☐ Addition  
NAME WILSON, MEEGAN  
STREET ADDRESS 620 N.W. 27 WAY  
CITY-ST-ZIP GAINESVILLE, FL. 32607

TITLE D ☒ Delete  
NAME BLACK, DAVID  
STREET ADDRESS 2911 NW 9TH PLACE  
CITY-ST-ZIP GAINESVILLE FL

TITLE S, D ☐ Change ☒ Addition  
NAME LANGE LAND, MARY  
STREET ADDRESS 3505 N.W. 13th AVE.  
CITY-ST-ZIP GAINESVILLE, FL. 32605

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME EBERHARD, SUSAN  
STREET ADDRESS 5226 N.W. 48TH TERR.  
CITY-ST-ZIP GAINESVILLE, FL. 32606

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:

*Bruce F. Rogers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

Date

(352) 378-2898

Daytime Phone #

CR2E037 (9/99)