

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90074 024 ****61.25

DOCUMENT # 700860

1. Entity Name

300 CLUB INC.



Principal Place of Business

3715 N.W. 12TH AVE
GAINESVILLE FL 32605

Mailing Address

3715 N.W. 12TH AVE
GAINESVILLE FL 32605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0942959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, BRUCE F
113 NW 48TH BLVD.
GAINESVILLE FL 32606

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **POLLOCK, DAVID**
STREET ADDRESS **1618 NW 19TH CIRCLE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **TD** ☐ Delete
NAME **ROGERS, BRUCE F**
STREET ADDRESS **113 NW 48TH BLVD.**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **DS** ☐ Delete
NAME **WILSON, MEEGAN**
STREET ADDRESS **620 NW 27 WAY**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **VD** ☐ Delete
NAME **CHRISTMANN, TOM**
STREET ADDRESS **205 NORTHWEST 34TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **VD** ☐ Delete
NAME **VALENSTEIN, CANDACE**
STREET ADDRESS **2030 NW 71 ST**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **D** ☒ Delete
NAME **MCDONNELL, MAURA**
STREET ADDRESS **2735 NW 22ND TERR.**
CITY-ST-ZIP **GAINESVILLE FL 32605**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME **PD CHRISTMANN, Tom**
STREET ADDRESS **2508 NW 34th Terr.**
CITY-ST-ZIP **Gainesville, Fl. 32605**

TITLE ☒ Change ☐ Addition
NAME **D Valenstein, Candace**
STREET ADDRESS **2030 NW 71st St.**
CITY-ST-ZIP **Gainesville, Fl. 32605**

TITLE ☐ Change ☒ Addition
NAME **VD Vinson, Tim**
STREET ADDRESS **1128 NW 36th St.**
CITY-ST-ZIP **Gainesville, Fl. 32605**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

1/19/2006

352-377-7739