

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 713053**

1. Entity Name

HIGH TWELVE CLUB OF ANNA MARIA ISLAND, INC.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90079 013 ****61.25

Principal Place of Business

Mailing Address

**3809 LAKE BAYSHORE DR
S501
BRADENTON FL 34205-5117
US****3809 LAKE BAYSHORE DR
H501
BRADENTON FL 34205-5117
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2298541

Applied For

Not Applied

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

Name

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

City

FL

Zip Code

**BARBOUR, T.J.
3809 LAKE BAYSHORE DR
H501
BRADENTON FL 34205**

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	P	<input checked="" type="checkbox"/> Delete
NAME	MALEY, CHESTER J	
STREET ADDRESS	4013 37TH CT W	
CITY-ST-ZIP	BRADENTON FL 34205	

TITLE	MILLEY, CHESTER J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4013-37th CT. W.	
STREET ADDRESS	Bradenton, FL 34205	
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPOAMOR, JOSEPH	
STREET ADDRESS	209 OAK AVE., BOX #596	
CITY-ST-ZIP	ANNA MARIA FL	

TITLE	WATSON, DARREL K. "DEKE"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5244-5th St. Circle W.	
STREET ADDRESS	Bradenton, FL 34207	
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ASHBURN, WILLARD M.	
STREET ADDRESS	2802 56TH AVE CIRCLE S	
CITY-ST-ZIP	BRADENTON FL 34203	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	BARBOUR, THERON J.	
STREET ADDRESS	3809 LAKE BAYSHORE DR	
CITY-ST-ZIP	BRADENTON FL 34205-5117	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ART, RICHARD	
STREET ADDRESS	605 IVANHOE LANE	
CITY-ST-ZIP	HOLMES BCH. FL 34217-1236	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Theron J. Barbour 01/14/99 944/727 4516