

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90149 026 ****61.25

0066737

DOCUMENT # 713881

1. Entity Name
TRAILER ESTATES SHUFFLEBOARD CLUB, INC.

Principal Place of Business TRAILER ESTATES SHUFFLE BOARD 6521 ARIZONA BRADENTON FL 34281	Mailing Address T.E.. BOX 5308 6521 ARIZONA BRADENTON FL 34281
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FELL, PHYLLIS 6521 ARIZONA PO BOX 5308 BRADENTON FL 34281	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Phyllis Fell
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 NAME STREET ADDRESS CITY-ST-ZIP	T FELL, PHYLLIS 6521 ARIZONA/ PO BOX 5308 BRADENTON FL 34281 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>no change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALEXANDER, MARION 1016 NEW YORK/ PO BOX 6201 BRADENTON FL 34281 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>no change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENYON, TERESA D 807 NEW YORK/ PO BOX 6161 BRADENTON FL 34281 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>no change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, LILLIAN 6604 KANSAS/PO BOX 6640 BRADENTON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>no change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWAN, MARY 1809 M.N.H/P O BOX 6174 BRADENTON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>no change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGTON, RUTH 2107 CHIC/P O BOX 6174 BRADENTON FL 34281 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>no change</i>

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: Phyllis Fell *Phyllis Fell* **RECEIVED** *March 22, 2001 941 7530274*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)