

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713881

1. Entity Name

TRAILER ESTATES SHUFFLEBOARD CLUB, INC.

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90012 016 ****61.25

Principal Place of Business

Mailing Address

TRAILER ESTATES SHUFFLE BOARD
6521 ARIZONA
BRADENTON FL 34281

T.E. BOX 5308
6521 ARIZONA
BRADENTON FL 34281

80050485



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

FELL, PHYLLIS
6521 ARIZONA
PO BOX 5308
BRADENTON FL 34281

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.

SIGNATURE *Phyllis Fell*

Phyllis Fell

March 13 2002

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 ☐ Delete
NAME FELL, PHYLLIS
STREET ADDRESS 6521 ARIZONA/ PO BOX 5308
CITY-ST-ZIP BRADENTON FL 34281

TITLE ☐ Change ☐ Addition
NAME *Fell, Phyllis*
STREET ADDRESS *6521 Arizona PO Box 5308*
CITY-ST-ZIP *Bradenton FL 34281*

TITLE ☐ Delete
NAME ALEXANDER, MARION
STREET ADDRESS 1016 NEW YORK/ PO BOX 6201
CITY-ST-ZIP BRADENTON FL 34281

TITLE ☒ Change ☐ Addition
NAME *Brown, Dolores*
STREET ADDRESS *1813 Iowa PO Box 6728*
CITY-ST-ZIP *Bradenton FL 34281*

TITLE ☐ Delete
NAME KENYON, TERESA D
STREET ADDRESS 807 NEW YORK/ PO BOX 6161
CITY-ST-ZIP BRADENTON FL 34281

TITLE ☒ Change ☐ Addition
NAME *Crosby, Jewel*
STREET ADDRESS *6619 Kansas PO Box 5637*
CITY-ST-ZIP

TITLE ☐ Delete
NAME WALSH, LILLIAN
STREET ADDRESS 6604 KANSAS/PO BOX 6640
CITY-ST-ZIP BRADENTON FL

TITLE ☐ Change ☐ Addition
NAME *Walsh, Lillian*
STREET ADDRESS *6604 Kansas PO Box 6640*
CITY-ST-ZIP *Bradenton, FL 34281*

TITLE ☐ Delete
NAME COWAN, MARY
STREET ADDRESS 1809 M.N.H/P O BOX 6174
CITY-ST-ZIP BRADENTON FL

TITLE ☐ Change ☐ Addition
NAME *Cowan, Mary*
STREET ADDRESS *1809 M.N.H PO Box 6174*
CITY-ST-ZIP *Bradenton FL 34281*

TITLE ☐ Delete
NAME LANGTON, RUTH
STREET ADDRESS 2107 CHIC/P O BOX 6174
CITY-ST-ZIP BRADENTON FL 34281

TITLE ☒ Change ☐ Addition
NAME *Kenyon, Teresa*
STREET ADDRESS *1807 New York PO Box 6161*
CITY-ST-ZIP *Bradenton FL 34281*

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 REQUIRED

Phyllis Fell March 13, 2002 941-753-0274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)