


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 719676	
1. Entity Name EAST BAY OAKS RESIDENTIAL CLUB, INC	

FILED
04 DEC 17 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 601 STARKEY Road Suite, Apt. #, etc.	3. Mailing Address 601 STARKEY Road Suite, Apt. #, etc. LOT 290
City & State LARGO FL	City & State LARGO FL
Zip 33771	Country Pinellas

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1784972	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DAVID LUCAS
Street Address (P.O. Box Number is Not Acceptable) 601 STARKEY Road Lot #290
City LARGO
FL Zip Code 33771-2830

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 *David J. Lucas* **DAVID J. LUCAS** **100043482551**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **12/17/04--01006--013 **61/25**

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT JACK WEIR 601 STARKEY Rd LOT 39 LARGO FL 33771-2830	TITLE NAME STREET ADDRESS CITY-ST-ZIP VICE PRESIDENT BEN VECCHIO 601 STARKEY Rd LOT 289 LARGO-FL 33771-2830
TITLE NAME STREET ADDRESS CITY-ST-ZIP 2ND VICE PRESIDENT JANICE WALKUP 601 STARKEY Rd LOT 70 LARGO FL 33771-2830	TITLE NAME STREET ADDRESS CITY-ST-ZIP SECRETARY HELGA KELLY 601 STARKEY Road Lot 228 LARGO FL 33771-2830
TITLE NAME STREET ADDRESS CITY-ST-ZIP TREASURER DAVID J. LUCAS 601 STARKEY Road Lot 290 LARGO FL 33771-2830	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 that report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *David J. Lucas* **DAVID J. LUCAS** **12/10/04 (127) 536-1473**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)