

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90087 017 ****61.25

DOCUMENT # 731589

1. Entity Name

ROOSTER CHANNEL JUMPERS SOCIAL CLUB, INCORPORATI

Principal Place of Business

**4010 37TH ST
TAMPA FL 33610**

Mailing Address

**4010 37TH ST
TAMPA FL 33610**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1863645

Applied For

Not Applicable

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

**DIXON, LENZY
902 MARSHALL STREET
CLEARWATER FL 33515**

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

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

T ☐ Delete
DIXON, CORA B.
902 MARSHALL STREET
CLEARWATER FL

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

D ☐ Delete
GIBSON, NATHANIEL
6801 48TH STREET
TAMPA FL

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

P ☐ Delete
DIXON, LENZY
902 MARSHALL ST
CLEARWATER FL

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

SD ☐ Delete
NELACLIFF, JOSEPHINE
4010 37TH STREET
TAMPA, FL 00000

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

V ☐ Delete
HARDRICK, JAMES
8803 N 46TH ST APT A
TAMPA FL 33610

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

☐ Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE 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: *Josephine Nelaciff* **JOSEPHINE NELACLIFF** 4/17/2001 (813) 238-0061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)