

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733409

1. Entity Name

SALAAM CLUB OF FLORIDA, INC.

Principal Place of Business

8101 BEACH BLVD.
JACKSONVILLE FL 32216

Mailing Address

8101 BEACH BLVD.
JACKSONVILLE FL 32216

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

59-6168976

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

COREY, CATHERINE
3006 CROSBY LN
JACKSONVILLE FL 32216

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

Catherine Lynn Corey
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
DT
COREY, CATHERINE
3006 CROSBY LN
JACKSONVILLE FL 32216 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SHAHOO, HELEN
935 PARK FORREST LN
JACKSONVILLE, FL 00000 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HEDY ABDELNOUR
1516 SUNNYMEADE DRIVE
JACKSONVILLE, FL 32211 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COREY, RONALD
7817 BAGLEY HOLLOW CT
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHAIRMAN
32216 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FS
MASHOUR, MARY
8104 MONTASONTA AVE
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
32211 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KOREY, GEORGE
610 21ST ST.
SAINT AUGUSTINE FL 32095 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT/DIRECTOR ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
COREY, III, THOMAS S
4043 WINDSOR PARK DR. E.
JACKSONVILLE FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/DIRECTOR ☒ Change ☐ Addition

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:

Catherine Lynn Corey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 11, 2001 (904) 632-0949x241

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90476 006 ****61.25

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DO NOT WRITE IN THIS SPACE

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