

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90144 035 *****61.25

DOCUMENT # 739215

1. Entity Name

AL KAREEM CLUB OF PINELLAS COUNTY, INCORPORATED



Principal Place of Business

**7415 PINE VALLEY LANE
SEMINOLE FL 33776
US**

Mailing Address

**7415 PINE VALLEY LANE
SEMINOLE FL 33776
US**

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 **59-1822286**

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

**BEZ, MARY J
7415 PINE VALLEY LANE
SEMINOLE FL 33776**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary Jane Bez

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **ELLIS, ELAINE**
STREET ADDRESS **350 PINELLAS BAY WAY**
CITY-ST-ZIP **TERA VERDA FL**

TITLE **PD** ☐ Change ☐ Addition
NAME **PAUL SABA**
STREET ADDRESS **1001 STARKEY RD**
CITY-ST-ZIP **LARGO FLA 34641-5416**

TITLE **TD** ☐ Delete
NAME **BEZ, MARY J**
STREET ADDRESS **7415 PINE VALLEY LANE**
CITY-ST-ZIP **SEMINOLE FL**

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

TITLE **SD** ☒ Delete
NAME **HAYECK, ELAIN**
STREET ADDRESS **4321 SUMMER SUN DR**
CITY-ST-ZIP **NEW PT RICHEY FL**

TITLE **S.D** ☐ Change ☐ Addition
NAME **ELLIS-ELAINE**
STREET ADDRESS **350-PINELLAS BAYWAY**
CITY-ST-ZIP **TERA VERDA FLA 33715-1900**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Mary Jane Bez

4-12-03

727

397-4083

CR2E037 (10/02)