FILED

2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # 744218 NA BEACH TIP-OFF CLUB, IN	S	Jan 29, 2001 8:00 am Secretary of State 01-29-2001 90181 034 ****61.25				
Principal Place of Business		Mailing Address					
149-P SOUTH RIDGEWOOD AVE. DAYTONA BEACH FL 32114-4320 US		149-P SOUTH RIDGEWOOD AVE. DAYTONA BEACH FL 32114-4320 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	HIS SPACE	
City & State		City & State		4. FEI Number 5	9-2421622		plied For t Applicable
Zip Country		Zip Country		5. Certificate of Sta	atus Desired	\$8.75 Addi	itional
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Register	red Agent	
	IS, S. LARUE TH PALMETTO AVENUE	e	Street Add	ress (P.O. Box Number is N	Not Acceptable)		
DAYTONA BEACH FL 32014 8. The above named entity submits this statement			City	// de		FL Zip Code	;
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing \$5.0 Trust Fund Contribution. Adde		\$5.00 May Be Added to Fees		ck Payable to ent of State	
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANGI	S TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARKIN, MARSHALL H 149-P SOUTH RIDGEWOOD AVE DAYTONA BCH, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP **	PD DESTEFANO, LEONARD 1416 MANDRAKE ROAD DAYTONA BCH. FL	Delete	TITLE NAME STREET ADDRESS - CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNELL, FRANK 1200 VOLUSIA AVENUE DAYTONA BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ 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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby indicated of the conchanged	Certify that the information supplied with l on this report or supplemental report is reporation or the receiver or trustee emporation, or on an attachment with an address, we have the control of the	this filing does not qualify for true and accurate and that wered to execute this epon with all other like empowered					J
SIGNAT	TURE: SIGNATURE AND TYPED OR P	INTED NAME OF SIGNING OFFICER	OR DIRECTOR	BARRIN 1/1	Date 9 0	フーム・シン Daytime Phone #	2100