

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 751402**

1. Entity Name  
**THE FLORIDA UNIT OF THE AMERICAN CONTRACT  
BRIDGE LEAGUE, INC.**



Principal Place of Business

**4510 W FIG ST  
E  
TAMPA, FL 33609**

Mailing Address

**4510 W FIG ST  
E  
TAMPA, FL 33609**

**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2010706**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, JAYNE  
17751A LAKE CARLTON ARMS DR.  
TAMPA, FL 33549**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE M  
NAME THOMAS, JAYNE  
STREET ADDRESS 17751A LK CARLTON ARMS  
CITY-ST-ZIP TAMPA, FL 00000,

TITLE D  
NAME ALTUS, MURIEL  
STREET ADDRESS 2301 LILA LANE  
CITY-ST-ZIP TAMPA, FL 33629

TITLE PD  
NAME HALL, MARSHALL  
STREET ADDRESS 764 NE HARBOUR DR  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000776700  
01/09/08-80034-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Muriel Altus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/08  
Date

813-2868126  
Daytime Phone #