2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # 758817 May 30, 2000 8:00 am **Secretary of State** ERVIN'S ALL AMERICAN YOUTH CLUB, INC. 05-30-2000 90011 019 ****61.25 Mailing Address Principal Place of Business 1250 HOLT AVE 1250 HOLT AVE CLEARWATER FL 33755-3342 **CLEARWATER FL 34615** 2. Principal Place of Business 3. Mailing Address 1465 SAN Green wood Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For FI 59-2196260 Clearwater Not Applicable Clearwater Country Country \$8.75 Additional 5. Certificate of Status Desired ろケらち Fee Required Pinellas 33756 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BABALOLA, E. AJAMU 1814 MAGNOLIA DR CLEARWATER FL 33516 4 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 Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. <u>58</u>0. ☐ Delete TITLE Change Addition TITLE BABALOA, ASEELAH NAME BABALOLA, E A NAME 1814 MAGNOLIA DA. STREET ADDRESS STREET ADDRESS 1814 MAGNOLIA DR CITY-ST-ZIP CITY-ST-ZIP CLEARWATER CLEARWATER FL .33764 STD Delete TITLE Change ☐ Addition TITLE NAME SPOTO, VIC NAME STREET ADDRESS 2500 GULF BLVD, APT 103A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BELLEAIR FL 33786** ☐ Addition² TITLE VD Chânge ☐ Deléte .VD TITLE GRAY, BRYAN NAME GRAY, BRYAN NAME STREET ADDRESS STREET ADDRESS 3213 W. KENNEDY BLVD 10408 HARTTS DRIVEN. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33631 Change ☐ Addition ☐ Delete TITLE NAME WHITNEY, TOM STREET ADDRESS STREET ADDRESS 7511 114TH AVE. N. CITY-ST-7IP CITY-ST-ZIP LARGO FL *- 3*3473 Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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