

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90401 038 ****61.25

DOCUMENT # 758817

1. Entity Name

ERVIN'S ALL AMERICAN YOUTH CLUB, INC.

Principal Place of Business

**1104 N. GREENWOOD AVE.
 CLEARWATER FL 33755**

Mailing Address

**1465 SAN JUAN CT.
 CLEARWATER FL 33756**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1100 NORTH GREENWOOD AVE

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

CLEARWATER, FL

Zip

33755

Country

Pinellas

4. FEI Number

59-2196260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BABALOLA, E. AJAMU
 1814 MAGNOLIA DR
 CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

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

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

TITLE **PD** ☐ Delete
 NAME **BABALOLA, E A**
 STREET ADDRESS **1814 MAGNOLIA DR**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **S** ☐ Delete
 NAME **BABALOA, ASEELAH**
 STREET ADDRESS **1814 MAGNOLIA DR.**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **VD** ☐ Delete
 NAME **GRAY, BRYAN**
 STREET ADDRESS **10408 HARTTS DR. N.**
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE **CD** ☐ Delete
 NAME **WHITNEY, TOM**
 STREET ADDRESS **7511 114TH AVE. N.**
 CITY-ST-ZIP **LARGO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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 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: **ASEELAH BABALOLA** 5-1-01 727-443-2001

CR2E037 (10/00)