## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 22, 2001 8:00 am DOCUMENT # 762687 Secretary of State 1. Entity Name 03-22-2001 90061 010 \*\*\*\*61.25 CLUB 7621, INC. Principal Place of Business Mailing Address C/O WALTER MCALEER C/O WALTER MCALEER 2254 CITRUS HILL LN. 2254 CITRUS HILL LN. PALM HARBOR FL 34683 PALM HARBOR FL 34683 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2716635 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCALEER, WALTER 2254 CITRUS HILL LANE PALM HARBOR FL 34683 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 → OFFICERS AND DIRECTORS 10, 11. SD Change TITLE ☐ Delete TITLE MEALEER WALTER 2254 CITRUS HILL LANE MCALEER, WALTER NAME NAME STREET ADDRESS 2254 CITRUS HILL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P FL 34683 PALM HARBOR FL 34683 TITLE Delete TITLE RODGERS, DAVE J NAME NAME 308 WATERFORD CIR. W. STREET ADDRESS 3653 OVERLAND DR. STREET ADDRESS CITY ST-ZIP FL 34689 CITY-ST-7IP HOLIDAY FL 34691 Addition TITLE **X** Delete TITLE NAME MACLEAN, DUNCAN NAME STREET ADDRESS STREET ADDRESS 128 LAKE AVOCA DR. CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 34689 TITLE Delete TITLE ☐ Change ★ Addition MURRAY, DAVID P PETER PERGOLA NAME NAME 68 STAG THICKET LANE STREET ADDRESS STREET ADDRESS 152 STAFFORD CIR. CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete TITLE TITI F ☐ Change ★ Addition ROBERT WRIGHT NAME NAME GOS WATERFORD CIR. E. TARFON SPRINGS, FL 346 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE

SPRINGS, 12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

NAME

AWRENCE

NAME

STREET ADDRESS