

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90029 041 \*\*\*\*61.25

**DOCUMENT # 762687**

1. Entity Name

**CLUB 7621, INC.**

Principal Place of Business

Mailing Address

**C/O WALTER MCALEER  
 2254 CITRUS HILL LN.  
 PALM HARBOR FL 34683  
 US**

**C/O WALTER MCALEER  
 2254 CITRUS HILL LN.  
 PALM HARBOR FL 34683  
 US**

003062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2716635**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCALEER, WALTER  
 2254 CITRUS HILL LANE  
 PALM HARBOR FL 34683**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	MCALEER, WALTER	
STREET ADDRESS	2254 CITRUS HILL LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAREY, PAUL	
STREET ADDRESS	308 WATERFORD CIRCLE W.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WAKEHAM, JOHN	
STREET ADDRESS	1111 DARTFORD DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PERGOLA, PETER	
STREET ADDRESS	5768 STAG THICKET LANE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, ROBERT	
STREET ADDRESS	605 WATERFORD CIRCLE E	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBETT, LAWRENCE	
STREET ADDRESS	630 EUNICE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH E. MOHR, SR.	
STREET ADDRESS	4321 PLAZA DR., Apt. 203	
CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLIFFORD MARTINO	
STREET ADDRESS	471 RIVERSIDE DR.	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER PERGOLA	
STREET ADDRESS	5768 STAG THICKET LANE	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:** *Walter H. McAleer* **WALTER H. MCALEER** 4/25/02 (727) 789-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #