2002 UNIFORM BUSINESS REPORT (UBR)

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
2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2716635**

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCALEER, WALTER
2254 CITRUS HILL LANE
PALM HARBOR FL 34683

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 | **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

	OFFICERS AND DIRECTORS	Delete		ADDITIONS/CHANGES	Change	Addition
TITLE	VD	☐ Delete	TITLE	D	☐ Change	☒ Addition
NAME	MCALEER, WALTER		NAME	KENNETH E. MOHR, SR.		
STREET ADDRESS	2254 CITRUS HILL LANE		STREET ADDRESS	4321 PLAZA DR., Apt. 203		
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP	HOLIDAY, FL 34691		
TITLE	PD	☐ Delete	TITLE	D	☐ Change	☒ Addition
NAME	CAREY, PAUL		NAME	CLIFFORD MARTINO		
STREET ADDRESS	308 WATERFORD CIRCLE W.		STREET ADDRESS	471 RIVERSIDE DR.		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP	TARPON SPRINGS, FL 34689		
TITLE	TD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WAKEHAM, JOHN		NAME			
STREET ADDRESS	1111 DARTFORD DRIVE		STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP			
TITLE	VD	☒ Delete	TITLE	S/D	☒ Change	☐ Addition
NAME	PERGOLA, PETER		NAME	PETER PERGOLA		
STREET ADDRESS	5768 STAG THICKET LANE		STREET ADDRESS	5768 STAG THICKET LANE		
CITY-ST-ZIP	PALM HARBOR FL 34685		CITY-ST-ZIP	PALM HARBOR, FL 34685		
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WRIGHT, ROBERT		NAME			
STREET ADDRESS	605 WATERFORD CIRCLE E		STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CORBETT, LAWRENCE		NAME			
STREET ADDRESS	630 EUNICE DRIVE		STREET ADDRESS			
CITY-ST-ZIP	TARPON SPRINGS FL 34689		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)789-5622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #