

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765966

1. Entity Name

THE EVERGREEN CLUB, INC.

FILED

Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90296 026 \*\*\*\*61.25

Principal Place of Business

4225 SW BIMINI CR.  
PALM CITY FL 34990  
US

Mailing Address

4225 SW BIMINI CIR S  
PALM CITY FL 34990  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2258635

Applied For

Not Applicable

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

BROUWER, ROBERT  
4225 S.W. BIMINI CIRCLE S.  
PALM CITY FL 34990

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  
NAME NEILLY, WILLIAM ☐ Delete  
STREET ADDRESS 4162 SW BIMINI CIR. NO.  
CITY-ST-ZIP PALM CITY FL 34990

TITLE PD  
NAME O'Leary, Kevin ☐ Change ☒ Addition  
STREET ADDRESS 4915 S.W. BIMINI Cr. South  
CITY-ST-ZIP Palm City, FL 34990

TITLE PD  
NAME BRODEUR, ALBERT ☒ Delete  
STREET ADDRESS 4396 SW BIMINI CIRCLE SOUTH  
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE SD  
NAME DAUGHN, PATRICIA ☐ Delete  
STREET ADDRESS 3231 SW ISLAND WAY  
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE TD  
NAME MCGILL, PAUL ☐ Delete  
STREET ADDRESS 4425 SW BIMINI CR. SO.  
CITY-ST-ZIP PALM CITY FL 34990

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul L. McGill

Date

Daytime Phone #

CR2E037 (10/00)