

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90326 012 \*\*\*550.00

**DOCUMENT # F01000003521**

**1. Entity Name**  
**BAMBOO CLUB, INC.**

**Principal Place of Business**  
**5050 NORTH 40TH STREET. #200**  
**PHOENIX AZ 85018**

**Mailing Address**  
**5050 NORTH 40TH STREET. #200**  
**PHOENIX AZ 85018**

**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** **86-0997118**

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**

**CAPITOL CORPORATE SERVICES, INC.**  
**1333 NORTH DUVAL STREET**  
**TALLAHASSEE FL 30303**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ Delete  
**NAME** **SHRADER, WILLIAM G**  
**STREET ADDRESS** **11160 EAST GOLD DUST AVENUE**  
**CITY-ST-ZIP** **SCOTTSDALE AZ 85259**

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

**TITLE** **DCEO** ☐ Delete  
**NAME** **BROWN, BART A JR.**  
**STREET ADDRESS** **5124 NORTH 31ST PLACE**  
**CITY-ST-ZIP** **PHOENIX AZ 85016**

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

**TITLE** **S** ☐ Delete  
**NAME** **HERRON, MICHAEL J**  
**STREET ADDRESS** **8414 EAST COUNTRY CLUB TRAIL**  
**CITY-ST-ZIP** **SCOTTSDALE AZ 85255**

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

**TITLE** **T** ☒ Delete  
**NAME** **WHITE, LAWRENCE K**  
**STREET ADDRESS** **502 WEST ALICE AVENUE**  
**CITY-ST-ZIP** **PHOENIX AZ 85021**

**TITLE** ☒ Change ☐ Addition  
**NAME** **CFD/ Treasurer**  
**STREET ADDRESS** **MICHAEL GARRETT**  
**CITY-ST-ZIP** **5050 N. 40th St, Ste 200**  
**Phoenix, AZ 85018**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIREMENT** **Michael J. Herron**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**071802**

**602-852-9082**

Date

Daytime Phone #

CR2E034 (4/02)