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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # F43377 | | | | | | | | | |
|---|--|--|--------------------|------------------|----------------------------|--|---|---|-------------------|
| 1. Corporation Name CLUBHOUSE PUBLISHING, INC. | | | | | | | | | |
| CLUBHO | USE PUBLISHING, INC. | | | | | | | #11 #1#12 #1#11 | 81811 81811 1881 |
| 1 | | | | | | | | | |
| | (8): | Mallian Addanas | | | | <u> </u> | iai iiai i ti | AN DUDUU DIANE | |
| Principal Place | | Mailing Address | | | | | | | |
| 601 SOUTH OS SARASOTA FL | | 601 SOUTH OSPREY AVENUE SARASOTA FL 34236 | | | | | | | |
| US | 34230 | US | | | DO NOT WRITE IN THIS SPACE | | | | |
| | • | | | | | 3. Date Incorporated or Qualifed | | | |
| | • | | | | | 09/03/1981 | | | |
| _ | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | _ | oplied For |
| 21 | | 26 | | | | 59-2124188 | | | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | ב | | Additional |
| 22 | | 27 | | | | | | | <u> </u> |
| Lity & State | e | City & State - | | | • • | 6. Election Campaign Financing | ⊐ [~] . | | May Be to Fees |
| 23 Zin | Country | Zip | Cour | ntry | | Trust Fund Contribution | Into | | LO FEES |
| Zip | | | _ | iu y | | This corporation owes the current Personal Property Tax. | year iiia | ∏Yes | □No |
| 24 25 29 30 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Reg | istered A | | |
| | | | | | Name | 10, Hallo alla , Lavour D. Hallo H. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - X -:: | |
| DEAN, JIMMY | | | | _ | | | | | |
| 601 S OSPREY AVE | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable |)) | | |
| SARASOTA FL 34230 | | | ŀ | 83 | | | | | |
| } | | | | _ | | | | T1 - : | |
| | | | | 84 | City | | FL | 85 Zip | Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at | | | | | named corpo | oration submits this statement for the pu | rpose of o | changing its | registered |
| office or re | egistered agent, or both, in the State on familiar with, and accept the obligation | of Florida. Such change was auf | thorized | by ti | he corporation | n's board of directors. I hereby accept the | ne appoin | tment as re | gistered |
| { | III lattiliai with, and accept the obligati | Ons of, Geodoff Gov. 0000, 1 form | ua Olato | | | | | | l |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.) | | | | Agent | signature required | I when reinstating) | DATE | | |
| 12. OFFICERS AND DIRECTORS | | | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AN | D DIRECTO | |
| TITLE | DPT □ DELETE | | 1.1 TITLE | | | | | Change | ☐ Addition |
| NAME | DEAN, JIMMY | | 1.2 NAME | | | | | | Ì |
| STREET ADDRESS | 601 SOUTH OSPREY AVE | | 1.3 STREET ADDRESS | | ADDRESS | | | | |
| CITY-ST-ZIP | SARASOTA FL | | 1.4 CITY-ST-ZIP | | -ZIP | · | | | |
| TITLE | DS DELETE | | 2.1 TITLE | | | | | ☐ Change | Addition |
| NAME | DANIEL, PAMELA V. | | 2.2 NAME | | ļ | | | | } |
| STREET ADDRESS | 601 SOUTH OSPREY AVENUE | | 2.3 STREET ADDRESS | | ADDRESS | | | | Ì |
| CITY-ST-ZIP | SARASOTA FL | | 2. 4 CITY-ST-ZIP | | -ZIP | | | | |
| TITLE | C DELETE | | .3.1 TITLE | | | | | Change | Addition |
| NAME | DENTON, DANIEL J | | 3.2 NAME | | | | | | |
| STREET ADDRESS | PORESS 601 SOUTH OSPREY AVE | | 3.3 STREET ADDRESS | | ADDRESS | | | | |
| C/TY-ST-ZIP | SARASOTA FL | | 3.4. CIT | 3.4. CITY-ST-ZIP | | | | | |
| TITLE | ☐ DELETE 4 | | 4.1 TITI | 4.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | | | 4. 2 NA | ME | | | | | : |
| STREET ADDRESS | STREET ADDRESS 4.3 | | | REET | ADORESS | | | | |
| CITY-ST-ZIP | CITY-ST-ZIP 4.4 (| | | 4.4 CITY-ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITL | LE | | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NA | ME | ı | | | | |

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition