

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J48842

1. Entity Name

BERT'S CLUBB, INC.

Principal Place of Business

16104 BOWLINE DRIVE
BOKEELIA FL 33922

Mailing Address

P.O. BOX 731
MATLACHA FL 33993-0731
US

2. Principal Place of Business

2401 HANCOCK BRIDGE PKWY
Suite Apt. #, etc.
#1

3. Mailing Address

2401 HANCOCK BRIDGE PKWY
Suite Apt. #, etc.
#1

City & State

Cape Coral Fla

City & State

Cape Coral Fla

Zip

33990

Country

USA

Zip

33990

Country

USA

6. Name and Address of Current Registered Agent

CLUBB, ADA M.
16104 BOWLINE DRIVE
BOKEELIA FL 33922

7. Name and Address of New Registered Agent

Name: Clubb Ada M.
Street Address (P.O. Box Number is Not Acceptable):
2401 HANCOCK BRIDGE PKWY
Cape Coral Fla
City: Cape Coral FL Zip Code: 33990

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLUBB, ADA M.	
STREET ADDRESS	16104 BOWLINE DR.	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLUBB ADA M.	
STREET ADDRESS	2401 HANCOCK BRIDGE PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33990	
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		
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		

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:

Ada M. Clubb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-00

Date

941-9975649

Daytime Phone #

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90043 003 ***558.75

00083599



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2896730

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

CR25034 (9/00)