

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L76515**

1. Entity Name  
**CLUB PRODUCTS & SERVICES, INC.**

Principal Place of Business Mailing Address  
**3614 CASABLANCA AVENUE 3614 CASABLANCA AVENUE**  
**ST. PETERSBURG BEACH FL 33706 ST. PETERSBURG BEACH FL 33706**  
**US 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 **65-0205222** 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

**CARL VAN EMBURGH**  
**3614 CASABLANCA AVENUE**  
**ST. PETERSBURG BEACH FL 33706**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 ☐ Delete  
NAME **OVT**  
STREET ADDRESS **VYDA A VAN EMBURGH**  
CITY-ST-ZIP **3614 CASABLANCA AVENUE**  
**ST. PETE BEACH FL**

TITLE ☐ Delete  
NAME **DPS**  
STREET ADDRESS **VAN EMPURGH, CARL**  
CITY-ST-ZIP **3614 CASABLANCA AVENUE**  
**ST. PETE BEACH BEACH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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: *Carl Van Emburgh* **CARL VAN EMBURGH - PRESIDENT**

1-7-02

727-367-7988

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90018 012 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)