

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000000097**

1. Entity Name

PINELLAS HEAT ELITE VOLLEYBALL CLUB, INC.

Principal Place of Business	Mailing Address
2528 COUNTRYSIDE PINES DRIVE	2528 COUNTRYSIDE PINES DRIVE
CLEARWATER FL 33761	CLEARWATER FL 33761

2. Principal Place of Business	3. Mailing Address
3929 MULLENHURST DRIVE	3929 MULLENHURST DRIVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
PALM HARBOR FL	PALM HARBOR FL

Zip	Country	Zip	Country
34685		34685	

4. FEI Number	Applied For
59-3617671	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMALL TERRY 2528 COUNTRYSIDE PINES DRIVE CLEARWATER FL 33761	Name COLEMAN CHRISTAL Street Address (P.O. Box Number is Not Acceptable) 3929 MULLENHURST DRIVE City PALM HARBOR FL Zip Code 34685

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 CHRISTAL M. COLEMAN	02/16/2001
Signature, typed or printed name of registered agent and title if applicable.	DATE

(NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: CHRISTAL M. COLEMAN	MS	02/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E037 (11/00)