

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90915 014 ****61.50

DOCUMENT # N00000006116

1. Entity Name

BAD CAT WRESTLING CLUB, INC.

Principal Place of Business

**2868 MEADOW WOOD DRIVE
 CLEARWATER FL 33761**

Mailing Address

**2868 MEADOW WOOD DRIVE
 CLEARWATER FL 33761**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2637 WESTVIEW CT.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33761

Country

4. FEI Number

59-3671169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TURTZO, CRAIG
 2868 MEADOW WOOD DRIVE
 CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

CRAIG TURTZO

Street Address (P.O. Box Number is Not Acceptable)
2637 WESTVIEW CT.

City

CLEARWATER

FL

Zip Code
33761

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

4-27-01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **TURTZO, CRAIG**
 STREET ADDRESS **2637 WESTVIEW COURT**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **D** ☐ Delete
 NAME **TURTZO, SANDRA**
 STREET ADDRESS **2637 WESTVIEW COURT**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **D** ☒ Delete
 NAME **GOODMAN, GLENN**
 STREET ADDRESS **2868 MEADOW WOOD DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
 NAME **JAYNE E. FLOOD**
 STREET ADDRESS **3029 Ashland Terrace**
 CITY-ST-ZIP **Clearwater, FL 33761**

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

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

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

12. 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 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:

SIGNATURE REQUIRED

Date

Daytime Phone #

4-27-01

786-8802

CR2E037 (10/00)