


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90147 011 ****70.00

DOCUMENT # <u>N000000006116</u>	
1. Entity Name <u>Bad Cat Wrestling Club, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2868 Meadow Wood Dr</u>	3. Mailing Address <u>2963 Wentworth Way</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>Clearwater, FL</u>	City & State <u>Tarpon Springs, FL</u>	4. FEI Number <u>593671169</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33761</u>	Country <u>USA</u>	Zip <u>34688</u>	Country <u>USA</u>
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>Craig Turtzo</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2637 Westview Ct.</u>	
City <u>Clearwater</u>	FL Zip Code <u>33761</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Mrs. Jamie Walker</u> <u>2963 Wentworth Way</u> <u>Tarpon Springs, FL 34688</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Mr. Don Scholl</u> <u>115 South Spring Blvd.</u> <u>Tarpon Springs, FL 34689</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Mr. Pete DeNunzio</u> <u>3001 Leprechaun Lane</u> <u>Palm Harbor, FL 34683</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jamie Walker Jamie Walker 6/11/03 944-4229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #