

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 18, 2001 08:00 AM****Secretary of State****DOCUMENT # N00899**

1. Entity Name

FLORIDA PAST COMMANDERS CLUB, INC.

Principal Place of Business

2001 OLD ST AUGUSTINE RD
K-101
TALLAHASSEE
323010906

FL

US

Mailing Address

2001 OLD ST AUGUSTINE RD
K-101
TALLAHASSEE
323010906

FL

US

2. Principal Place of Business

6510 STONE RIVER ROAD

3. Mailing Address

6510 STONE RIVER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRADENTON

FL

City & State

BRADENTON

FL

4. FEI Number

59-2410046

Applied For

Not Applicable

Zip

34203

Country

US

Zip

34203

Country

US

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

MATTOX, RAY

316 WEST CENTRAL AVENUE, SUITE 312

WINTER HAVEN

33880

FL

US

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

06/18/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON KATHRYN L 3319 BRIAR CLIFF DR HOLIDAY FL 346911504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERWOOD JOYCE 1627 BAYSHORE RD NOKOMIS FL 342751411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLEIG ROBERT G 2001 ST AUGUSTINE RD K-101 TALLAHASSEE FL 323010906 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROUSH DEBRA J 4320 S LOIS AVE TAMPA FL 336111338 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL JAMES R 795 N LAKE HOWARD DR WINTER HAVEN FL 338813006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONTONE FRANK 6510 STONE RIVER ROAD BRADENTON FL 34203 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BYRON DAVID FH 856 JAMESTOWN DR ROCKLEDGE FL 329558184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Debra J. Roush

T

06/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Faxing Phone #

CR2E037 (11/00)