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

4/28

FILED
May 20, 2003 8:00 am
Secretary of State
04-28-2003 91363 010 ****61.25

DOCUMENT # N01000002573

1. Entity Name
ST. PETE BOXING CLUB, INC.

DO NOT WRITE IN THIS SPACE

55042191

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1330 49TH STREET S	9641 PINE LAKE TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG Florida	City & State: ST. PETERSBURG Florida
Zip: 33707 Country: USA	Zip: 33708 Country: USA

4. FEI Number: 593713043 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CUTLIFF YATEK

Street Address (P.O. Box Number is Not Acceptable): 501 First Ave. North Suite 507

City: ST. PETERSBURG FL Zip Code: 33701

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: YATE' CUTLIFF 4-19-03
Signature, typed or printed name of registered agent and title if applicable. (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	President
NAME	DANIEL Birmingham - D
STREET ADDRESS	9641 PINE LAKE TRAIL
CITY-ST-ZIP	ST. Pete. FL 33708
TITLE	Vice President
NAME	Andreis Lockhart - D
STREET ADDRESS	4997 97th WAY NO.
CITY-ST-ZIP	ST. Pete. FL. 33708
TITLE	Secrattary
NAME	Ronald Wright - D
STREET ADDRESS	427 35th Street SO.
CITY-ST-ZIP	ST. Pete. Fla 33711
TITLE	Treasure
NAME	Bruce Weaver - D
STREET ADDRESS	500 Villa Grande Ave SO.
CITY-ST-ZIP	ST. Pete, FL. 33711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Daniel J. B... - DANIEL J. BIRMINGHAM 4-19-03 727-244-5855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #