

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90001 017 \*\*\*\*75.00

**DOCUMENT # N01000004609**

1. Entity Name

**CLUB RECOVERY, INC.**

Principal Place of Business

**2530 MANIKI DRIVE  
 WEST PALM BEACH FL 33407**

Mailing Address

**2530 MANIKI DRIVE  
 WEST PALM BEACH FL 33407**

2. Principal Place of Business

**2530 MANIKI DR**

Suite, Apt. #, etc.

3. Mailing Address

**2530 MANIKI DR**

Suite, Apt. #, etc.

City & State

**West Palm Beach FL**

Zip  
**33407**

Country  
**USA**

City & State

**West Palm Beach FL**

Zip  
**33407**

Country  
**USA**

4. FEI Number

**65-1126930**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WHITAKER, GEORGE H  
 2530 MANIKI DRIVE  
 WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

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

SIGNATURE

*George H. Whitaker*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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 **BEAL, ELBERT L**  
 STREET ADDRESS **1518 2. 20TH STREET, APT. #4**  
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **D** ☐ Delete  
 NAME **HAGGANS, DEBRA**  
 STREET ADDRESS **1325 30TH STREET**  
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **D** ☐ Delete  
 NAME **LYLES, GEORGE A**  
 STREET ADDRESS **512 W. ASHLEY LAKES DRIVE #724**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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  
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 STREET ADDRESS  
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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

*George H. Whitaker*

**8-13-02 561-841-5375**

CR2E037 (4/02)