

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006311

1. Entity Name

THE FLORIDA NIGHTCLUB AND BAR ASSOCIATION, INC.

Principal Place of Business

Mailing Address

230 S. ADAMS ST.  
TALLAHASSEE FL 32301-7710

PO BOX 1779  
TALLAHASSEE FL 32302-1779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

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

DOVER, CAROL  
230 S. ADAMS ST.  
TALLAHASSEE FL 32301-7710

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	Dover, Carol B.	
STREET ADDRESS	534 Dover Road	
CITY-ST-ZIP	Havana, FL 32333	
TITLE	D	<input type="checkbox"/> Delete
NAME	Enea, Daniel M.	
STREET ADDRESS	2655 N.E. 189 Street	
CITY-ST-ZIP	Miami, FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	Grayson, Jeff	
STREET ADDRESS	313 MacArthur Place	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Carol B. Dover* REQUIRED

Carol B. Dover 4-24-02 850-224-2250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jun 12, 2002 8:00 am  
Secretary of State

05-22-2002 90251 033 \*\*\*\*61.25

35009



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)