2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

1936 CROWN PARK DRIVE

DOCUMENT # N0100006687

Principal Place of Business

1936 CROWN PARK DRIVE

THE PLAYERS CLUB OF TAMPA BAY, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90116 018 ****70.00

VALRICO FL 3	3594		VALRIC	CO FL 33594							
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State			City & State			4. FEI Number 65-0927601 Applied For				7	
Zip Country			Zij	•	Country		5. Certificate of Status Desired \$8.75 Additional			<u>'</u>	
	6. Name	and Address of Current	Registers	nd 6 gant			Fee Required				4
Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent Name						
SANCHES, ROMILDO P 1936 CROWN PARK DRIVE VALRICO FL 33594			Street Address			(P.O. Box Number is Not Acceptable)				╣	
				Sileet Addres		Addiess (i	s (r.o. box Number is Not Acceptable)				1
VALRICO	FL 33394										
				City			FL Zip Code				
The above the obligat	named entity ions of regist	v submits this statement for ered agent.	the purp	ose of changing its re	egistered office	or register	ed agent, or both, in th	ne State of Florida. I an	n familiar with,	and accept	
SIGNATURE						<u>.</u>					
	Signature, typed	or printed name of registered agent a	and title if app	licable. (NOTE:	Registered Agent sign	ature required	when reinstating)	DATE			
	THE NOW	FFF 15 404 0F		9. Election Camp	naign Einancing		¢ E 00 •	Make Che	ok Davabla	to	
FILE NOW: FEE IS \$61.25			Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State					
10,		OFFICERS AND DIR	ECTORS		11.			S TO OFFICERS AND D	DIRECTORS IN	I 10	$\frac{1}{2}$
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NAME STREET ADDRESS	SANCHES, ROMILDO P 1936 CROWN PARK DRIVE				NAME STREET ADDRESS						15
CITY-ST-ZIP	VALRICO F				CITY-ST-ZIP						2
TITLE	VD			☐ Delete	TITLE	<u> </u>			Change	Addition	18
NAME CTREET ADDRESS	SANCHES,	Miriam t Vn park drive			NAME				_ •		١
STREET ADDRESS CITY-ST-ZIP	VALRICO F				STREET ADDRESS CITY-ST-ZIP						
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NAME		heur sand	(☐ Delete	TITLE NAME	SAN	CHES, GAE	SRÍELL A	☐ Change	Addition	
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TITLE NAME				☐ Delete	TITLE				☐ Change	Addition	}
STREET ADDRESS					NAME Street Address						
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NAME STREET ADDRESS					NAME				•		
CITY-SI-ZIP				STREET ADDRESS CITY-ST-ZIP							
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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:

1/16/03 (813) 662-9512