

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04433

1. Entity Name

PELICANS RUGBY CLUB, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90019 002 ****61.25

Principal Place of Business

502 SOUTH FREMONT
SUITE 1401
TAMPA FL 33606

Mailing Address

502 SOUTH FREMONT
SUITE 1401
TAMPA FL 33606-4307

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

59-2972158

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

KIRKPATRICK, KELLY L
4012 W. OBISPO STREET
TAMPA FL 33629

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KIRKPATRICK, KELLY
STREET ADDRESS 4012 W. OBISPO STREET
CITY-ST-ZIP TAMPA FL 33629

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VPD
NAME CHANGER, DAN
STREET ADDRESS 5055 S. DALE MABRY HWY., #1533
CITY-ST-ZIP TAMPA FL 33611

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME SIMS, LARRY
STREET ADDRESS 5326 ROYAL PALM AVENUE
CITY-ST-ZIP SARASOTA FL 34242

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD
NAME CALLES, RUBEN
STREET ADDRESS 13304 LAKE GEORGE
CITY-ST-ZIP TAMPA FL 33612

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-00 727-003-3451

CR2E037 (9/99)