

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90117 011 ****61.25

DOCUMENT # N06284

1. Entity Name

JOE'S SUBURBAN CLUB, INC.

Principal Place of Business

Mailing Address

**11601 DOWNS LOOP
RIVERVIEW FL 33569**

**11601 DOWNS LOOP
RIVERVIEW FL 33569**

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

59-2488040

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

**PHILLIPS, GEORGE W.
3802 EHRLICH RD. SUITE 210
TAMPA FL 33624**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **GRILL, RAYMOND T**
STREET ADDRESS **16204 ELBOW BEND RD**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **SD** ☐ Change ☐ Addition
NAME **ANNE M. DONOFRIO**
STREET ADDRESS **819 CROSSWINDS DR.**
CITY-ST-ZIP **BRANDON FL 33511-7746**

TITLE **SD** ☒ Delete
NAME **HANING, LINDA**
STREET ADDRESS **9403 OAKRIDGE AVE.**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **VD** ☐ Change ☐ Addition
NAME **RICHARD NELSON**
STREET ADDRESS **10807 TACO WAY**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **TD** ☐ Delete
NAME **FEE, EDNA**
STREET ADDRESS **9919 DAVIS ST**
CITY-ST-ZIP **GIBSONTON FL 33534**

TITLE **TD** ☐ Change ☒ Addition
NAME **TOMMI V. SELLARS**
STREET ADDRESS **819 CROSSWINDS DR.**
CITY-ST-ZIP **BRANDON, FL. 33511-7746**

TITLE **D** ☐ Delete
NAME **PHELPS, LUCILLE**
STREET ADDRESS **106 ST THOMAS CT E**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BOWERS, RICK**
STREET ADDRESS **106 ST THOMAS CT E**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WHITE, JACKIE**
STREET ADDRESS **10306 BIG BEND RD RT 202**
CITY-ST-ZIP **RIVERVIEW FL 33569**

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: *[Signature]* **AT/ 8/28/02 813-654-7529**

CR2E037 (4/02)