

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12863

1. Entity Name

FLORIDA ANTIQUE POWER CLUB, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90018 030 ****70.00

Principal Place of Business
DAN SWEET
630 KIRKWOOD TERRACE N
ST PETERSBURG FL 33701
US

Mailing Address
DAN SWEET
630 KIRKWOOD TERRACE N
ST PETERSBURG FL 33701-1616
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2637240**
Applied For
Not Applicable

Zip Country Zip Country

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

SWEET, DAN
630 KIRKWOOD TERRACE NORTH
ST. PETERSBURG FL 33701

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 NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, LESTER 2403 CEDAR CT. NEW PT RICHEY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORUM, HAL J 5636 101ST CIRCLE NORTH PINELLAS PARK FL 34666	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOWEN, BONNIE L 6145 CEDAR STREET, NE ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, MIKE 6145 CEDAR STREET, NE ST. PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEET, DAN 630 KIRKWOOD TERRACE, NORTH ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENEDICT, BRIAN H 4402 - 78TH STREET NORTH ST. PETERSBURG, FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORUM, HAL J 5636 - 101ST CIRCLE NORTH PINELLAS PARK, FL 34666	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SWEET, DAN 630 KIRKWOOD TERRACE NORTH ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAST, DENNIS R. 6000 - 64TH STREET NORTH ST. PETERSBURG, FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDEN BERG, HERB B. 1409 SATSUMA STREET CLEARWATER, FL 33759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Bonnie L. Bowen **Bonnie L. Bowen** 3/15/00 727 526-6117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)