

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12863

1. Entity Name

FLORIDA ANTIQUE POWER CLUB, INC.

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90058 020 ****70.00

Principal Place of Business

Mailing Address

DAN SWEET
630 KIRKWOOD TERRACE N
ST PETERSBURG FL 33701
US

DAN SWEET
630 KIRKWOOD TERRACE N
ST PETERSBURG FL 33701
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 V ☐ Delete
NAME BENEDICT, BRIAN H
STREET ADDRESS 4402- 78TH ST N.
CITY-ST-ZIP SAINT PETERSBURG FL 33709

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

TITLE D ☐ Delete
NAME CORUM, HAL J
STREET ADDRESS 5636 101ST CIRCLE NORTH
CITY-ST-ZIP PINELLAS PARK FL 34666

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

TITLE ST ☐ Delete
NAME BOWEN, BONNIE L
STREET ADDRESS 6145 CEDAR STREET, NE
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE D ☐ Delete
NAME BOWEN, MIKE
STREET ADDRESS 6145 CEDAR STREET, NE
CITY-ST-ZIP ST. PETERSBURG FL 33703

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

TITLE PD ☐ Delete
NAME SWEET, DAN
STREET ADDRESS 630 KIRKWOOD TERRACE, NORTH
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE D ☐ Delete
NAME VANDEN BERG, HERB B
STREET ADDRESS 1409 SATSUMA ST
CITY-ST-ZIP CLEARWATER FL 33759

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: *Bonnie L Bowen* SIGNATURE REQUIRED *BONNIE L BOWEN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01 727 526-6117

Date

Daytime Phone #

CR2E037 (10/00)