

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14155

1. Entity Name

10-13 CLUBS OF AMERICA, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90052 027 ****61.25

Principal Place of Business

Mailing Address

TOOLEY, FRANK
4411 COCONUT CREEK BLVD
COCONUT CREEK FL 33066
US

TOOLEY, FRANK
4411 COCONUT CREEK BLVD
COCONUT CREEK FL 33066-1742
US

2. Principal Place of Business

3. Mailing Address

1706 KINSMERE DRIVE
Suite, Apt. #, etc.

1706 KINSMERE DRIVE
Suite, Apt. #, etc.

City & State

City & State

NEW PORT RICHEY FL.

NEW PORT RICHEY FL.

Zip

Country

Zip

Country

34655-4522 USA

34655-4522 USA

4. FEI Number

59-0247526

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

TOOLEY, FRANK
4411 COCONUT CREEK BLVD
COCONUT CREEK FL 33066

Name AL WEINHAUER

Street Address (P.O. Box Number is Not Acceptable)

1706 KINSMERE DRIVE

City

NEW PORT RICHEY

FL

Zip Code

34655

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

Al Weinbauer AL WEINHAUER

1/29/00

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	D	<input type="checkbox"/> Delete
NAME	ROTHSCHILD, THEODORE	
STREET ADDRESS	650 SNUG HARBOR DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARD LETIZIA	
STREET ADDRESS	14153 SCRUB OAK LN	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TOOLEY, FRANK	
STREET ADDRESS	4411 COCONUT CREEK BV	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	DC	<input type="checkbox"/> Delete
NAME	CARROLL, RICHARD	
STREET ADDRESS	822 SO OAKCREST PATH	
CITY-ST-ZIP	LECANTO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CODY, JOHN	
STREET ADDRESS	3620 BLUEBELL LANE	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONTELEONE, JOSEPH	
STREET ADDRESS	3221 WHITE IBIS COURT B1	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH MONTELEONE	
STREET ADDRESS	3221 WHITE IBIS CT B1	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL WEINHAUER	
STREET ADDRESS	1706 KINSMERE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

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:

AL WEINHAUER AL WEINHAUER

1/29/00

(727) 372-2185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)