

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90029 029 ****61.25

DOCUMENT # N14155

1. Entity Name

10-13 CLUBS OF AMERICA, INC.

Principal Place of Business

**1706 KINSMERE DRIVE
 NEW PORT RICHEY FL 34655-4522
 US**

Mailing Address

**1706 KINSMERE DRIVE
 NEW PORT RICHEY FL 34655-4522
 US**

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

59-0247526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WEINHAVER, AL
 1706 KINSMERE DRIVE
 NEW PORT RICHEY FL 34655**

7. Name and Address of New Registered Agent

Name

WEINHAVER, ALFRED

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

TITLE **D** ☐ Delete
 NAME **ROTHSCHILD, THEODORE**
 STREET ADDRESS **650 SNUG HARBOR DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **D** ☐ Delete
 NAME **LEONARD LETIZIA**
 STREET ADDRESS **14153 SCRUB OAK LN**
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **T** ☐ Delete
 NAME **MONELEONE, JOSEPH**
 STREET ADDRESS **3221 WHITE 1815 CT B1**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **DC** ☐ Delete
 NAME **CARROLL, RICHARD**
 STREET ADDRESS **822 SO OAKCREST PATH**
 CITY-ST-ZIP **LECANTO FL**

TITLE **D** ☐ Delete
 NAME **CODY, JOHN**
 STREET ADDRESS **3620 BLUEBELL LANE**
 CITY-ST-ZIP **HOLIDAY FL**

TITLE **S** ☐ Delete
 NAME **WEINHAVER, AL**
 STREET ADDRESS **1706 KINSMERE DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **T** ☒ Change ☐ Addition
 NAME **~~JOSEPH~~ MONTELEONE, JOSEPH**
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE **S** ☒ Change ☐ Addition
 NAME **WEINHAVER, ALFRED**
 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:

ALFRED WEINHAVER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)