

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26888

1. Entity Name

LOCKER ROOM CLUB, INC.

Principal Place of Business

HINES, FRANK
1307 OAKWOOD CT.
KISSIMMEE FL 34744
US

Mailing Address

HINES, FRANK
1307 OAKWOOD CT.
KISSIMMEE FL 34744-2621
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINES, FRANK
1307 OAKWOOD CT.
KISSIMMEE FL 34744

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
PD
HINES, FRANK
1307 OAKWOOD CT.
KISSIMMEE FL 34744 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HINES, EARLENE
1307 OAKWOOD CT
KISSIMMEE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BEHRENDT, GARY
112 NORTH BEAMONT
KISSIMMEE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FRANK S. HINES
1307 OAKWOOD CT.
KISSIMMEE, FL 34744 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BEHRENDT, TIMI
112 NORTH BEAMONT
KISSIMMEE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
JULIE BOUTILIER
3446 LASALLE AVE.
ST. CLOUD, FL 34772 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

EARLENE HINES

1-12-00 407-846-6287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

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

01-20-2000 90134 032 ****61.25

803369



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2865825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required