

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28518

1. Entity Name

PUTNAM RUNNERS CLUB, INC.

Principal Place of Business

ROBERT MAFFITT
P O BOX 171
PALATKA FL 32178-7171

Mailing Address

ROBERT MAFFITT
P O BOX 171
PALATKA FL 32178-0171

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2932743

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

MOORE, ROBERT D.
135 HIAWATHA COURT
E. PALATKA FL 32131

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 D ☐ Delete
NAME DOBBS, TOMMY
STREET ADDRESS ROUTE 1 BOX 453
CITY-ST-ZIP EAST PALAKA FL

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

TITLE D ☐ Delete
NAME JULIAN MCINNIS
STREET ADDRESS 1715 CRILL AVE.
CITY-ST-ZIP PALATKA FL

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

TITLE P ☐ Delete
NAME MOORE, ROBERT D
STREET ADDRESS 135 HIAWATHA CT
CITY-ST-ZIP EAST PALATKA FL

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

TITLE D ☐ Delete
NAME DOBBS, CATHY R.
STREET ADDRESS RT 1 BOX 453
CITY-ST-ZIP E PALATKA FL

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

TITLE D ☐ Delete
NAME TOMMY WHITAKER
STREET ADDRESS RT 2 BOX 159
CITY-ST-ZIP INTERLACHEN FL

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

TITLE VP ☐ Delete
NAME BOB MOFFITT
STREET ADDRESS 651 GEORGETOWN DENVER RD.
CITY-ST-ZIP CRESCENT CITY FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 640 Georgetown Denver Rd
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:

Robert D. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 2000
Date

904-698-1766
Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE