

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/3

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90008 015 \*\*\*\*61.25

**DOCUMENT # N31531**

1. Entity Name

**DRAGON CLUB**

Principal Place of Business

Mailing Address

P.O. BOX 3321  
ST. PETERSBURG FL 33731

P.O. BOX 3321  
ST. PETERSBURG FL 33731-3321

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

**59-2624309**

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

**GRIFFIN, WILLIAM**  
**3637 4TH ST N. SUITE 220**  
**ST PETERSBURG FL 33204**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, WILLIAM	
STREET ADDRESS	3637 4TH ST N. SUITE 220	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, CHRIS	
STREET ADDRESS	1969 ARROWHEAD DR NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MCQUEEN, WILLIAM	
STREET ADDRESS	121 BAYPOINT DR. NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William McQueen 'D'	
STREET ADDRESS	121 Baypoint Dr. NE	
CITY-ST-ZIP	St. Peter, FL 33704	
TITLE	Vice President 'D'	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Nelson	
STREET ADDRESS	1969 Arrowhead Dr. NE	
CITY-ST-ZIP	St. Peter, FL 33703	
TITLE	Secretary/Treasurer 'D'	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Troy W. Holland 'D'	
STREET ADDRESS	4020 11th St. N.	
CITY-ST-ZIP	St. Peter, FL 33703	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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 authority empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)