

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-02-2002 90159 022 ****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

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 33704

Name **Rhett W. Stevens**

Street Address (P.O. Box Number is Not Acceptable)
105 4th Avenue NE

City **St. Petersburg**

FL

Zip Code
33701

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.

Rhett W. Stevens

04/17/02

(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 **PD**
 NAME **GRIFFIN, WILLIAM**
 STREET ADDRESS **3637 4TH ST N. SUITE 220**
 CITY-ST-ZIP **ST PETERSBURG FL 33704** ☒ Delete

TITLE **P.D.**
 NAME **Holland, Troy**
 STREET ADDRESS **4020 11th Street North**
 CITY-ST-ZIP **St. Petersburg, Florida 33703** ☒ Change ☐ Addition

TITLE **SD**
 NAME **NELSON, CHRIS**
 STREET ADDRESS **1969 ARROWHEAD DR NE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33703** ☒ Delete

TITLE **S/D**
 NAME **Rhett W. Stevens**
 STREET ADDRESS **105 4th Avenue NE**
 CITY-ST-ZIP **St. Petersburg, Florida 33701** ☒ Change ☐ Addition

TITLE **DVP**
 NAME **UEWELLYN, TODD**
 STREET ADDRESS **887 31ST TERR NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704** ☒ Delete

TITLE **VPD**
 NAME **Uewellyn, Todd**
 STREET ADDRESS **897 31st Terrace NE**
 CITY-ST-ZIP **St. Petersburg, Florida 33704** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 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 a donor like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rhett W. Stevens

04/17/02 (727)573-3900

Date

Daytime Phone #

CR2E037 (9/01)