## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2000 8:00 am Secretary of State **DOCUMENT # N38681** 1. Entity Name THE NAIROBI NIGHT CLUB, INC. 04-23-2000 90041 049 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O JOHN DUBRULE C/O JOHN DUBRULE 5410 PALI WAY 5410 PALI WAY ST. PETERSBURG BEACH FL 33706-2327 ST. PETERSBURG BEACH FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3029104 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DUBRULE, JOHN 5410 PALI WAY ST. PETERSBURG BEACH FL 33706 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE DUBRULE, JOHN E. NAME NAME STREET ADDRESS STREET ADDRESS 5410 PALI WAY CITY-ST-ZIP CITY-ST-ZIP ST. PETE BEACH FL D: et echephi TITLE ☐ Delete ☐ Change ☐ Addition NAME WIENER, PAM NAME STREET ADDRESS 5410 PALI WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL Delete SD TITLE □ Change ☐ Addition TITLE BRIDGES, JANIE NAME STREET ADDRESS STREET ADDRESS 1736 1/2 14TH ST CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE MARKS, RANDY NAME NAME STREET ADDRESS STREET ADDRESS 1201 FAIRWAY AVE S CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL Change Addition ☐ Delete TITLE TITLE DIA CASTLE $\mathcal{A}_{i}$ $\mathcal{A}_{i}$ $\mathcal{A}_{i}$ $\mathcal{A}_{i}$ NAME NAME 3111 S. DeBazoan STREET ADDRESS STREET ADDRESS St. Pete Black, Fil. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE ERRY MAHONE NAME NAME 925 W. WASHINGTON #3 STREET ADDRESS STREET ADDRESS QUINCY, FL CITY-ST-ZIP 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 eath; 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