

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49655

1. Entity Name

CIVITAN BEACH CLUB, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90075 024 ****61.25

Principal Place of Business

Mailing Address

CIVITAN BEACH CLUB
18604 GULF BLVD
INDIAN SHORES FL 33785
US

C/O BURT V HALBERT, III
2048 ILLINOIS AVE NE
ST PETERSBURG FL 33703-3424
US

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

59-3140259

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

THOMAS, STEPHEN D.
1229 CENTRAL AVENUE
ST. PETERSBURG FL 33705

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 PD ☐ Delete
NAME ECKELBARGER
STREET ADDRESS 18530 GULF BLVD
CITY-ST-ZIP INDIAN SHORES FL

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

TITLE VD ☐ Delete
NAME O'BRIEN, MARTHA
STREET ADDRESS 324 BRIGHTWATERS BLVD NE
CITY-ST-ZIP SAINT PETERSBURG FL 33704

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

TITLE SD ☐ Delete
NAME THOMAS, STEPHEN D.
STREET ADDRESS 1229 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE DT ☐ Delete
NAME HALBERT, BURT V. III
STREET ADDRESS 2048 ILLINOIS AVE N.E.
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE D ☐ Delete
NAME DEMINT, TOM
STREET ADDRESS 676 NORTHWEST BLVD N
CITY-ST-ZIP ST PETERSBURG FL 33702

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

TITLE VD ☐ Delete
NAME HANSON, ROBERT V. S
STREET ADDRESS 7300 SUN ISLAND DR. #1801
CITY-ST-ZIP S PASADENA FL

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)