

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90044 044 ****61.25

DOCUMENT # N49655

1. Entity Name

Civitan Beach Club, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Civitan Beach Club
Suite, Apt. #, etc.
18604 Gulf BLVD

3. Mailing Address

C/O Burt Halbert III
Suite, Apt. #, etc.
2048 Illinois Ave, NE

DO NOT WRITE IN THIS SPACE

City & State

Indian Shores, FL 33785

City & State

St. Petersburg, FL 33703

4. FEI Number

59-3140259

Applied For

Not Applicable

Zip

33785

Country

Pinellas

Zip

33703

Country

Pinellas

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Stephen D. Thomas

Street Address (P.O. Box Number is Not Acceptable)

1229 Central Avenue

City

St. Petersburg

FL

Zip Code

33705

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	Eckelbarger	18322 Gulf BLVD #302	Indian Shores, FL 33785				
VD	Hanson, Robert V. Sr.	7300 Sun Island Dr. #1801	S. Pasadena, FL 33707				
SD	Stephen D. Thomas	1229 Central Ave.	St. Petersburg, FL 33705				
DT	Halbert, Burt V. III	2048 Illinois Ave. NE	St. Petersburg, FL 33703				
D	Kaust, Warren	4001 50th Avenue, South	St. Petersburg, FL 33711				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CR2E037B (12/01)