2002 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2002 8:00 am § Secretary of State DOCUMENT # **N9200000637** THE STATE OF FLORIDA HUNDRED CLUB, INC. 03-22-2002 90045 050 ****61.25 Principal Place of Business Mailing Address 5306 MANATEE AVENUE WEST 5306 MANATEE AVENUE WEST **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0375151 Not Applicable Żip Country Zip 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) MOLTER, DANNY-E 5306 MANATEE WEST **BRADENTON FL 34209** 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 ٤ 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State τ, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Addition MOLTER, DANNY E NAME NAME STREET ADDRESS 5306 MANATEE AVE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** SD ☐ Change ☐ Addition Delete TITLE TITLE CARR, JESSIE NAME NAME STREET ADDRESS 1265 28TH AVE W. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE TITLE MOORE, MAX NAME NAME STREET ADDRESS 6243 14TH ST-W-STREET ADDRÈSS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 of the 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 v

SIGNATURE: