## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N93000002353 Apr 22, 2000 8:00 am Secretary of State EMPLOYEES RECREATION CLUB, INC. 04-22-2000 90085 004 \*\*\*\*61.25 Principal Place of Business Mailing Address 1501 72ND ST. NORTH P.O. BOX 40486 ST. PETERSBURG FL 33743-0486 ST. PETERSBURG FL 33733 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3183291 Not Applicable Country \$8.75 Additional Zìp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, MIKE 8500 BELCHER RD. **APT 1615** Zip Code City FI PINELLAS PARK FL 33781 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME WILLIAMS, MIKE STREET ADDRESS STREET ADDRESS 8500 BELCHER RD., APT 1615 CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 33781 Addition ☐ Delete Change TITLE TITLE V٢ WILLIAMS, MIKE NAME STREET ADDRESS STREET ADDRESS 8500 BELCHER RD., APT 1615 CITY-ST-ZIP CITY-ST-ZIP <u>Largo FL 34695</u> ☐ Delete --☐ Change Addition TITLE TITLE NAME NAME MILLER. DARRYL STREET ADDRESS STREET ADDRESS 9255 FAIRWEATHER DR CITY-ST-ZIP CITY-ST-ZIP <u>Largo FL 34695</u> ☐ Change ■ Addition Delete TITLE TITLE NAME NAME MALLEY, JOE STREET ADDRESS STREET ADDRESS 1519 PINEY BRANCH CIR. CITY-ST-ZIP CITY-ST-ZIP VALRICO FL ☐ Change ☐ Addition ☐ Delete TITLE DTLE NAME NAME SEAFORT, LISA STREET ADDRESS STREET ADDRESS 8444 94TH AVENUE N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURTG FL 33702 ☐ Change Addition ☐ Delete TITLE NAME NAME **BOLDEN, KEITH** STREET ADDRESS STREET ADDRESS 2100 63 AVENUE S. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33712 12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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

4-16-2000

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# Last Name First Name Office  1 Williams Michael ' President  2 Iacovelli Lucille Vice President of Membership  3 Seafort Lisa ' Secretary  4 Briden Chris Treasurer  5 Miceli Carlo   Director  6 Sill Margaret Director  7 Kussela Susan Director  8 Wright Betty Director  10 Miller Darryl Director  11 Nauda AI Director  12 Hall Armond Director  13 Bellucci Mark Director  15 Khavarian Mo Director	<b>₹</b>	<u>.  </u>	<b>3</b> 00	gas	و ا	<u>چ</u>	۱ ۷	<del>ائِ</del>	!	PS		<b>₽</b>	13	\$00	<u> </u>	န္ဒ   ၁	ı	<	3	و ا ا	<		JZ ,42
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Office  President  Vice President of Membership  Secretary  Treasurer  Director	Mo	Keith			Amond	Al	Darryl		Mark	`		Susan	0	Margaret :	Carlo		Chris			Lucille	wichaci	Michael	First Name
	Director	Director		בוופכוניו		Director	Director		Director		Director	Director		Director	Director		Treasurer	Secretary		Vice President of Membership	i legidelli		Office