

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002353

1. Entity Name

EMPLOYEES RECREATION CLUB, INC.

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90094 010 ****61.25

Principal Place of Business

Mailing Address

1501 72ND ST. NORTH
 ST. PETERSBURG FL 33733

P.O. BOX 40486
 ST. PETERSBURG FL 33743-0486

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

59-3183291

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

WILLIAMS, MIKE
1791 75TH AVE NORTH
SAINT PETERSBURG FL 33702

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 ☐ Delete
 NAME **P WILLIAMS, MIKE**
 STREET ADDRESS **1791 75TH AVE N.**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

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

TITLE ☐ Delete
 NAME **VP IACOVELLI, LUCILLE**
 STREET ADDRESS **4560 24TH TERRACE NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

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

TITLE ☒ Delete
 NAME **D HOFFMAN, BRAD**
 STREET ADDRESS **10330 NINA STREET**
 CITY-ST-ZIP **LARGO FL 33778**

TITLE ☒ Change ☐ Addition
 NAME **T BORYK, TIM**
 STREET ADDRESS **4857 46TH ST. N.**
 CITY-ST-ZIP **ST. PETERSBURG, FL. 33714**

TITLE ☐ Delete
 NAME **D HALL, ARMOND**
 STREET ADDRESS **11672 PINE DALE AVE.**
 CITY-ST-ZIP **SEMINOLE FL 33772**

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

TITLE ☐ Delete
 NAME **S SEAFORT, LISA**
 STREET ADDRESS **8444 94TH AVENUE N.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702**

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

TITLE ☐ Delete
 NAME **D BOLDEN, KEITH**
 STREET ADDRESS **2100 63 AVENUE S.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

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
Tim Boryk

3-8-02

727-302-7591

Date Daytime Phone #

CR2E037 (9/01)