

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90030 001 ****61.25

DOCUMENT # N93000004103

1. Entity Name
PARADISE V.I.P. CLUB, INC.

Principal Place of Business 4809-A EHRlich RD TAMPA FL 33624	Mailing Address 4809-A EHRlich RD TAMPA FL 33624-2037
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3201437	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BASHOR, THOMAS W
4809-A EHRlich RD
TAMPA FL 33624

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE STD	<input type="checkbox"/> Delete
NAME DIANE KUDRICK	
STREET ADDRESS 2925 W SR 434, SUITE 111	
CITY-ST-ZIP LONGWOOD FL 32779	
TITLE D	<input type="checkbox"/> Delete
NAME PELTO, WOLFRED V	
STREET ADDRESS 2925 WEST SR 434, SUITE 111	
CITY-ST-ZIP LONGWOOD FL 32779	
TITLE D	<input type="checkbox"/> Delete
NAME TOWNSEND, MICHAEL	
STREET ADDRESS 320-K S SPRING GARDENS AVE	
CITY-ST-ZIP DELAND FL 32720	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Wolfred V. Pelt* **REQUIRED** 1/28/00 4077888776
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)