

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90002 037 ****61.25

0046224

DOCUMENT # N94000000876

1. Entity Name

PASADENA CARD CLUB, INC.

Principal Place of Business

Mailing Address

10 PARK ST N
ST PETERSBURG FL 33710

10 PARK ST N
ST PETERSBURG FL 33710

2. Principal Place of Business
10 PARK ST

3. Mailing Address
10 PARK ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33710

PENILLAS

33710

PENILLAS

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

BALL, ALICE
6920 PLACE DE LA PAIX
SAINT PETERSBURG FL 33707

Name
DONALD HIATT

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

5000 GULF BLVD

ST. PETERSBURG FL. 33706

City

FL

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

Donald E. Hiatt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-14-2002

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 | PD | <input type="checkbox"/> Delete |
| NAME | BALL, ALICE | |
| STREET ADDRESS | 6920 PLACE DELAPAIK | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33707 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | ANTHONY, WALLY | |
| STREET ADDRESS | 8150-57 ST | |
| CITY-ST-ZIP | PINELLAS PARK FL 33781 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | MCCLAIN, CATHERINE | |
| STREET ADDRESS | 1615 24 AVENUE NORTH | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33713 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | LARSON, NANCY | |
| STREET ADDRESS | 285 107 AVENUE #707 | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33706 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BALL, CHARLES O | |
| STREET ADDRESS | 6920 PLACE DE LA PAIX | |
| CITY-ST-ZIP | SO. PASADENA FL 33707 | |
| TITLE | MCD | <input type="checkbox"/> Delete |
| NAME | HIATT, DORIS | |
| STREET ADDRESS | 5000 GULF BLVD | |
| CITY-ST-ZIP | ST PETERSBURG BEACH FL 33706 | |

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DONALD HIATT | |
| STREET ADDRESS | 5000 GULF BLVD | |
| CITY-ST-ZIP | ST PETERSBURG FL 33706 | |
| TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALLY ANTHONY | |
| STREET ADDRESS | 8150 57TH ST | |
| CITY-ST-ZIP | PINELLAS PARK FL 33781 | |
| TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CATHERINE McCLAIN | |
| STREET ADDRESS | 1615 24 AVE NORTH | |
| CITY-ST-ZIP | ST PETERSBURG 33713 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANNA -LOU OWEN | |
| STREET ADDRESS | 10631 ANDREW LANE | |
| CITY-ST-ZIP | LARGO FL 33777 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALICE BALL | |
| STREET ADDRESS | 6920 PLACE DE LA PAIX | |
| CITY-ST-ZIP | SO PASADENA FL 33707 | |
| TITLE | MCD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DORIS HIATT | |
| STREET ADDRESS | 5000 GULF BLVD | |
| CITY-ST-ZIP | ST PETERSBURG FL 33706 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Donald E. Hiatt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2002

Date Daytime Phone #

CR2E037 (9/01)