

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002401

1. Entity Name

GOOD OLE BOYS CLUB, INC.

Principal Place of Business

9612 44TH ST CT E
PARRISH FL 34219
US

Mailing Address

9612 44TH ST CT E
PARRISH FL 34219
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LAGARDE, JIM
431 43 ST BLVD W
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name SHROCK, ENOS

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

1713 - 8th St. W.

City PALMETTO

FL

Zip Code

34221

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 SHROCK, ENOS / PRES. Enos Shrock 9-7-00
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

After September 13, 2000 min. will be \$236.25

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

TITLE	D	WRIGHT, HERBERT	<input checked="" type="checkbox"/> Delete
NAME		8502-25TH ST E	
STREET ADDRESS		PARRISH FL	
CITY-ST-ZIP			
TITLE	D	KAHLEY, R	<input checked="" type="checkbox"/> Delete
NAME		3803 6TH AVE W	
STREET ADDRESS		PALMETTO FL 34221	
CITY-ST-ZIP			
TITLE	D	BYLER, BILL	<input checked="" type="checkbox"/> Delete
NAME		#8 JASMINE	
STREET ADDRESS		PALMETTO FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	SHROCK, ENOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1713-8th St. W.	
STREET ADDRESS		PALMETTO, FL. 34221	
CITY-ST-ZIP			
TITLE	V/D	Church Allen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2404 15th St. W.	
STREET ADDRESS		PALMETTO, FL. 34221	
CITY-ST-ZIP			
TITLE	D	KRAMER, CARL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10609 31st Ave. East	
STREET ADDRESS		PALMETTO, FL. 34221	
CITY-ST-ZIP			
TITLE	D	BALLENGER, BRADFORD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1216 22nd Ave. W.	
STREET ADDRESS		PALMETTO, Fla. 34221	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: ENOS SHROCK / PRES. Enos Shrock 9-7-00, 222-7848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90145 046 ****61.25

A0076504



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0630942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (5/00)