

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003283

1. Entity Name

ST. PETE MAD DOGS TRIATHLON CLUB, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90188 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 635  
ST PETERSBURG FL 33731-0635

PO BOX 635  
ST PETERSBURG FL 33731-0635

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

59-3326485

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

MORGAN, RUE L  
727 37TH AVE. NE  
ST PETERSBURG FL 33704

Name David Bilyeu

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

9891 Lake Seminole Dr W

City Largo

FL

Zip Code 33773

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 PD ☐ Delete  
NAME JONES, ROD  
STREET ADDRESS 5500 9TH ST, N  
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE PD ☐ Change ☐ Addition  
NAME DAVID BILYEU  
STREET ADDRESS 9891 Lake Seminole Dr W  
CITY-ST-ZIP Largo FL 33773

TITLE VD ☐ Delete  
NAME MORGAN, RUE L  
STREET ADDRESS 727 37TH AVE. NE  
CITY-ST-ZIP ST PETERSBURG FL

TITLE VD ☒ Change ☐ Addition  
NAME Lisa Kaschak  
STREET ADDRESS 801 23rd Ave N.  
CITY-ST-ZIP St Petersburg FL 33704

TITLE TD ☐ Delete  
NAME HUNTER, CHRIS  
STREET ADDRESS 1372 50TH AVE. NE  
CITY-ST-ZIP ST PETERSBURG FL

TITLE SD ☐ Change ☐ Addition  
NAME Eric Deland  
STREET ADDRESS 3855 Iris St N  
CITY-ST-ZIP St Petersburg FL 33703

TITLE SD ☐ Delete  
NAME CERVONE, KAREN  
STREET ADDRESS 140 21ST AVE, N  
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE TD ☒ Change ☐ Addition  
NAME Kathy Prossick  
STREET ADDRESS 15206 Lake Maurine Dr  
CITY-ST-ZIP Odessa FL 33556

TITLE VD ☐ Delete  
NAME BILYEU, DAVID  
STREET ADDRESS 9891 LAKE SEMINOLE DR, W  
CITY-ST-ZIP LARGO FL 33773

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

3/20/00

727.572.4664

CR2E037 (9/99)