

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001540

1. Entity Name

FRIENDS OF R'CLUB, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90117 044 ****61.25

Principal Place of Business

Mailing Address

9550-16TH ST.N.
ST. PETERSBURG FL 33716

9550-16TH ST. N.
ST. PETERSBURG FL 33716-4217

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

59-3417531

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

GUARINO, BARBARA
9550-16TH ST. N
ST. PETERSBURG FL 33716

Name LINDA ARMSTRONG

Street Address (P.O. Box Number is Not Acceptable)
9550 16th Street N.

City St. Petersburg, FL FL Zip Code 33716-4217

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

Linda Armstrong

Linda Armstrong, President

3/20/00

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

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 GUARINO, BARBARA
STREET ADDRESS 2857 58TH CIRCLE S.
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE PD ☐ Change ☒ Addition
NAME ARMSTRONG, LINDA
STREET ADDRESS 6023 Kipps Colony Dr E
CITY-ST-ZIP Gulfport, FL 33707

TITLE VD ☐ Delete
NAME JOHNSON, SHERRI
STREET ADDRESS 4472 31ST AVENUE N.
CITY-ST-ZIP ST PETERSBURG FL 33712

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

TITLE TD ☒ Delete
NAME GUARINO, BARBARA
STREET ADDRESS 2857 58TH CIRCLE S
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE SD ☐ Delete
NAME TIMMERMAN, TRACY
STREET ADDRESS 18167 US 19 N, #100
CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE TD ☐ Delete
NAME WHITE, BARBARA
STREET ADDRESS 6374 BURLINGTON AVE. N.
CITY-ST-ZIP ST. PETERSBURG FL

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:

Linda Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

727 381-4620

Date

Daytime Phone #

CR2E037 (9/99)