

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90011 001 \*\*\*\*61.25

**DOCUMENT # N96000001540**

1. Entity Name

**FRIENDS OF R'CLUB, INC.**

Principal Place of Business

Mailing Address

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

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

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

**ARMSTRONG, LINDA  
 9550-16TH ST. N  
 ST. PETERSBURG FL 33716**

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

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	VD	<input checked="" type="checkbox"/> Delete
NAME	DOSECK, CONNIE	
STREET ADDRESS	2436 SUMMERLIN DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TIMMERMAN, TRACY	
STREET ADDRESS	18167 US 19 N, #100	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, BARBARA	
STREET ADDRESS	6374 BURLINGTON AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, LINDA	
STREET ADDRESS	6023 KIPPS COLONY DRIVE E	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angela Ducos	
STREET ADDRESS	407 S. Newport Ave	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Guarino	
STREET ADDRESS	2206 Pasadena Place	
CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Woods	
STREET ADDRESS	6130 Kipps Colony Dr W	
CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Armstrong	
STREET ADDRESS	6023 Kipps Colony Dr E	
CITY-ST-ZIP	Gulfport, FL 33707	
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:** *Linda Armstrong* **SIGNATURE REQUIRED** *Linda Armstrong, Treasurer* 4/23/02 727 578-5437

CR2E037 (9/01)