

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001720

1. Entity Name

CHECKERS NATIONAL PRODUCTION FUND, INC.



**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90001 012 \*\*\*\*70.00

Principal Place of Business

14255 49TH STREET N  
 BLDG #1  
 CLEARWATER FL 33762  
 US

Mailing Address

P.O. BOX 18800  
 CLEARWATER FL 33762-1800  
 US

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

58-2051008

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

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

Name CSC

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

1201 Hays Street

City Tallahassee

FL

Zip Code

32301-2607

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 The United States Corporation Company

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME GILLESPIE, JAMES J ☒ Delete  
 STREET ADDRESS 600 CLEVELAND STREET, SUITE 8  
 CITY-ST-ZIP CLEARWATER FL 33762

TITLE PD  
 NAME DANIEL DORSCH ☐ Change ☒ Addition  
 STREET ADDRESS 14255 49TH ST N BLDG #1  
 CITY-ST-ZIP CLEARWATER, FL 33762

TITLE SDVP  
 NAME HOLDER, JAMES T ☒ Delete  
 STREET ADDRESS 14225 49TH ST N, BLDG, #1  
 CITY-ST-ZIP CLEARWATER FL 33762

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

TITLE TD  
 NAME BECK, WENDY A ☐ Delete  
 STREET ADDRESS 14225 49TH ST N, BLDG, #1  
 CITY-ST-ZIP CLEARWATER FL 33762

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

TITLE VPDC  
 NAME PEABODY, RICHARD ☒ Delete  
 STREET ADDRESS 14225 49TH ST N, BLDG, #1  
 CITY-ST-ZIP CLEARWATER FL 33762

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

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:

Wendy Beck  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

(727) 519-2064

Daytime Phone #

CR2E037 (5/00)