

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90089 001 ****61.25
04-24-2001 90089 002 *****8.75

DOCUMENT # N 97 000001312
1. Entity Name Pass-a-Grille Merchants Association

Principal Place of Business Pass-a-Grille Mailing Address P.O. Box 46424
Pass-a-Grille, FL
33741-6424

2. Principal Place of Business multiple members 3. Mailing Address same as above
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Pinellas Zip Country

4. FEI Number 59-3495953 Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Jacqueline Hollenback
800 PASS A GRILLE WAY
ST. PETE BEACH, FL 33706

7. Name and Address of New Registered Agent
Name Ronald Holthouse
Street Address (P.O. Box Number is Not Acceptable)
Ronald F. Holthouse
City 113 12th Ave FL Zip Code 33706
ST. PETE BEACH

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 Jacqueline Hollenback Jacqueline Hollenback 4/10/01
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

TITLE	<u>PRESIDENT</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>JACQUELINE HOLLENBACK</u>	
STREET ADDRESS	<u>800 PASS A GRILLE</u>	
CITY-ST-ZIP	<u>ST. PETE BEACH, FL 33706</u>	
TITLE	<u>VICE PRESIDENT</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>WALTER ERBUS</u>	
STREET ADDRESS	<u>801 PASS-A-GRILLE</u>	
CITY-ST-ZIP	<u>ST. PETE BEACH, FL 33706</u>	
TITLE	<u>SECRETARY</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>TERRI MCCREARY</u>	
STREET ADDRESS	<u>2001 PASS A GRILLE</u>	
CITY-ST-ZIP	<u>ST. PETE BEACH 33706</u>	
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	<u>President</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Ronald Holthouse</u>	
STREET ADDRESS	<u>113 12th Ave</u>	
CITY-ST-ZIP	<u>ST. PETE BEACH FL 33706</u>	
TITLE	<u>vice President</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Suzanne Wesson</u>	
STREET ADDRESS	<u>104 8th Ave.</u>	
CITY-ST-ZIP	<u>St. Pete Beach, Fla. 33706</u>	
TITLE	<u>Secretary</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Peggy Matthes</u>	
STREET ADDRESS	<u>111 8th Av</u>	
CITY-ST-ZIP	<u>St. Pete Beach, FL 33706</u>	
TITLE	<u>Treas.</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Ava Sholtz</u>	
STREET ADDRESS	<u>801 Pass-a-Grille way</u>	<u>unchanged</u>
CITY-ST-ZIP	<u>St. Pete Beach, FL 33706</u>	
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: Ronald F Holthouse Ronald F. Holthouse 4/10/01 727-823-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)