

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90303 022 \*\*\*\*61.25

**DOCUMENT # N97000001326**

1. Entity Name  
**BRADENTON SHUFFLEBOARD CLUB INC.**



Principal Place of Business

1525 8TH AVE DR W  
BRADENTON FL 34205  
US

Mailing Address

1525 8TH AVE DR W  
BRADENTON FL 34205  
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 **59-0690106**

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

JONES, SHIRLEY F  
5207 36TH ST W  
BRADENTON FL 34210

Name **WODA, JOSEPH**  
Street Address (P.O. Box Number is Not Acceptable)

**9910 SUNCREST ST**

City **PARRISH FL** Zip Code **34219**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph Woda*  
(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

**MARCH 29 2003**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **WODA, JOSEPH**  
STREET ADDRESS **9910 SUNCREST ST**  
CITY-ST-ZIP **PARRISH FL 34219**

TITLE **D** ☐ Change ☒ Addition  
NAME **JONES, SHIRLEY F.**  
STREET ADDRESS **126 HUMMINGBIRD AVE**  
CITY-ST-ZIP **ELLINGTON, FN. 34222**

TITLE **D** ☒ Delete  
NAME **JONES, FRED**  
STREET ADDRESS **5207 36TH ST W**  
CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **D** ☐ Change ☒ Addition  
NAME **JONES, FRED**  
STREET ADDRESS **126 HUMMINGBIRD AVE**  
CITY-ST-ZIP **ELLINGTON, FN. 34222**

TITLE **D** ☐ Delete  
NAME **SANNITI, RALPH N**  
STREET ADDRESS **PALM BAY MOBILE HOME PL**  
CITY-ST-ZIP **PALMETTO FL 34221**

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

TITLE **P** ☒ Delete  
NAME **JONES, SHIRLEY F**  
STREET ADDRESS **5207 36TH ST W**  
CITY-ST-ZIP **BRADENTON FL 34210**

TITLE **D** ☐ Change ☒ Addition  
NAME **JAMES E. BAILEY**  
STREET ADDRESS **5619 BAYSHORE RD #139**  
CITY-ST-ZIP **PALMETTO, FN 34221**

TITLE **FS** ☐ Delete  
NAME **WILE, NORMAN**  
STREET ADDRESS **4KK 49TH C AVE**  
CITY-ST-ZIP **BRADENTON FL 34203**

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

TITLE **T** ☐ Delete  
NAME **SNYDER, ALLEN**  
STREET ADDRESS **2009 24TH AVE W**  
CITY-ST-ZIP **BRADENTON FL 34205**

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)(l), 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: *NORMAN R. WILE* **3-29-03** **941-758-5764**

CR2E037 (10/02)