

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005896

1. Entity Name

THE DEVIL RAYS CLUTCH HITTERS, INC.

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

09-18-2000 90014 034 ****61.25

Principal Place of Business

100 2ND AVENUE SOUTH SUITE 701
ST. PETERSBURG FL 33701

Mailing Address

100 2ND AVENUE SOUTH SUITE 701
ST. PETERSBURG FL 33701

2. Principal Place of Business

5999 Central Avenue

3. Mailing Address

5999 Central Avenue

Suite, Apt. #, etc.

Ste 202

Suite, Apt. #, etc.

Ste 202

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33710

Country

USA

Zip

33710

Country

USA

4. FEI Number

59-3479618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAINARD, C. SCOTT
100 2ND AVENUE SOUTH SUITE 701
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

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

5999 Central Avenue

Ste 202

City

St. Petersburg

FL

Zip Code

33710

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

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

TITLE D ☐ Delete
NAME BRAINARD, C. SCOTT
STREET ADDRESS 260 1ST AVENUE SOUTH SUITE 701
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE D ☐ Delete
NAME BYELICK, ROBERT P
STREET ADDRESS 360 CENTAL AVENUE 11TH FLOOR
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE D ☐ Delete
NAME HELINGER, JACK
STREET ADDRESS 150 2ND AVENUE NORTH SUTIE 1210
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE D ☐ Delete
NAME WILLIAMSON, DOUGLAS M
STREET ADDRESS 150 2ND AVENUE NORTH SUTIE 840
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE D ☐ Delete
NAME COREY, AL
STREET ADDRESS 1031 EDEN ISLE DRIVE NE
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/P ☒ Change ☐ Addition
NAME Brainard, C. Scott
STREET ADDRESS 1460 Pinellas Point Drive
CITY-ST-ZIP St. Petersburg, FL 33705

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SCOTT BRAINARD, President 9/7/00 727-822-2033

CR2E037 (5/00)