

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000085

1. Entity Name

CLUB 15, INC.

Principal Place of Business

2701 N. HIMES AVENUE
SUITE 102
TAMPA FL 33607

Mailing Address

P O BOX 10735
TAMPA FL 33679

2. Principal Place of Business

14423 Riverstone Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33624

Country

Zip

Country

4. FEI Number

59-3506516

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

Name

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

City

FL

Zip Code

FINALES, GLADYS
14423 RIVERSTONE DRIVE
TAMPA FL 33624

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 PD
NAME FINALES, GLADYS
STREET ADDRESS 14123 RIVERSTONE DRIVE
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE VPD
NAME ENTRIALGO, MARIA J
STREET ADDRESS 11924 KEATING DRIVE
CITY-ST-ZIP TAMPA FL 33626 ☒ Delete

TITLE SD
NAME QUINTERO, GIESLO
STREET ADDRESS 6912 W COMANCHE AVE
CITY-ST-ZIP TAMPA FL 33614 ☒ Delete

TITLE TD
NAME ILLAS, CARMEN
STREET ADDRESS 13618 LYTON WAY
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE VPD
NAME GONZALEZ, MARIBEL
STREET ADDRESS 84 MARTINIQUE AVE
CITY-ST-ZIP TAMPA, FL 33606 ☒ Change ☐ Addition

TITLE SD
NAME PITA, MARCIA E.
STREET ADDRESS 1107 W. CORAL ST
CITY-ST-ZIP TAMPA, FL 33602 ☒ Change ☐ Addition

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

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

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

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

4/3/02-813-962-29-57
Date Daytime Phone #

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90109 046 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)