

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90005 003 ****61.25

DOCUMENT # N98000001720

1. Entity Name

PLANT CITY RUNNER'S CLUB, INC.

Principal Place of Business

Mailing Address

**4020 KIPLING COURT
PLANT CITY FL 33567**

**4020 KIPLING COURT
PLANT CITY FL 33567-7218**

U I I U U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4109 N. FORBES RD.

3. Mailing Address

4109 N. FORBES RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY FL

City & State

PLANT CITY FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33565

Country

HILLSBROUGH

Zip

33565

Country

HILLSBROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PETERS, EILEEN
4020 KIPLING COURT
PLANT CITY FL 33567**

7. Name and Address of New Registered Agent

Name

DEUNIS N. MCCLURE

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

4109 N. FORBES RD.

City

PLANT CITY

FL

Zip Code

33565

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]

DEUNIS N. MCCLURE (PRESIDENT)

15 FEB 00

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 **PD** ☒ Delete
NAME **PETERS, EILEEN**
STREET ADDRESS **4020 KIPLING CT**
CITY-ST-ZIP **PLANT CITY FL 32567**

TITLE **VPD** ☒ Delete
NAME **MCCLURE, DENNIS**
STREET ADDRESS **4109 N FORBES RD**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **TD** ☒ Delete
NAME **PETERS, GARY**
STREET ADDRESS **4020 KIPLING CT**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **SD** ☒ Delete
NAME **CARTER, AMANDA**
STREET ADDRESS **4001 SILVERSPRING DR**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **MCCLURE DEUNIS N.**
STREET ADDRESS **4109 N. FORBES ROAD**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **VPD** ☒ Change ☐ Addition
NAME **GASCHLER, DAVID**
STREET ADDRESS **2009 N.W. SANDYWOOD DR.**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **TD** ☒ Change ☐ Addition
NAME **MCCLURE, MELISSA O.**
STREET ADDRESS **4109 N. FORBES ROAD**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE **SD** ☒ Change ☐ Addition
NAME **PETERS, EILEEN**
STREET ADDRESS **4020 KIPLING CT.**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☐ Change ☐ Addition
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:

SIGNATURE OF REGISTERED AGENT **DEUNIS N. MCCLURE** **15 FEB 00** **813-757-9045**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)