

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91173 019 ****61.25

DOCUMENT # N98000001720

1. Entity Name

PLANT CITY RUNNER'S CLUB, INC.

Principal Place of Business

Mailing Address

4109 N FORBES RD
PLANT CITY FL 33667

~~2918 Wilder Creek Circle~~
Plant City, FL 33566

4109 N FORBES RD
PLANT CITY FL 33667

~~2918 Wilder Creek Circle~~
Plant City, FL 33566

2. Principal Place of Business

2918 Wilder Creek Circle

3. Mailing Address

2918 Wilder Creek Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Plant City, FL

Zip

33566

Country

Zip

33566

Country

U.S.A

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLURE, DENNIS N
4109 N FORBES RD
PLANT CITY FL 33567

Veltheim, Bill
2918 Wilder Creek Circle
Plant City, FL 33566

7. Name and Address of New Registered Agent

Name

Veltheim, Bill

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

2918 Wilder Creek Circle

City

Plant City

FL

Zip Code

33566

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

4/1/02

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	<input checked="" type="checkbox"/> Delete
NAME	MCCLURE, DENNIS N	
STREET ADDRESS	4109 N FORBES ROAD	
CITY-ST-ZIP	PLANT CITY FL 32567	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GASCHLIER, DAVID	
STREET ADDRESS	2009 NW SANDWOOD DR	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PETERS, EILEEN	
STREET ADDRESS	4020 KIPLING CT	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PETERS, GARY S	
STREET ADDRESS	4020 KIPLING COURT	
CITY-ST-ZIP	PLANT CITY FL 33567	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veltheim, Bill	
STREET ADDRESS	2918 Wilder Creek Circle	
CITY-ST-ZIP	Plant City, FL 33566	
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		
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:

Signature of Eileen Peters - Treasurer

3/24/02

(813)207-2353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)