

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90087 047 ****61.25

DOCUMENT # N98000002029

1. Entity Name

B/A SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

18675 US HWY 19 NORTH
 CLEARWATER FL 33764

18675 US HWY 19 NORTH
 CLEARWATER FL 33764-3124

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

59-3558960

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

TEEVAN, RONALD P
200 N GARDEN AVE, SUITE A
CLEARWATER FL 33755

Name

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

City

FL

Zip Code

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 **DP** ☐ Delete
 NAME **PITZ, MARY JANE**
 STREET ADDRESS **18675 US HWY. 19 NORTH, #250**
 CITY-ST-ZIP **CLEARWATER FL 33764**

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

TITLE **VPD** ☐ Delete
 NAME **HARRMANN, JOHN**
 STREET ADDRESS **18675 US HWY. 19 NORTH, #212**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **Correction in spelling only** ☐ Change ☐ Addition
 NAME **HERRMANN, JOHN**
 STREET ADDRESS **Same**
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **THRASS, MARGARET**
 STREET ADDRESS **18675 US HWY. 19 NORTH, #449**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **Correction in spelling only** ☐ Change ☐ Addition
 NAME **THRESS, MARGARET**
 STREET ADDRESS **Same**
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **THIEL, BARBARA**
 STREET ADDRESS **18675 US HWY. 19 NORTH, #407**
 CITY-ST-ZIP **CLEARWATER FL 33764**

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

TITLE **D** ☒ Delete
 NAME **TIMMEY, HELEN**
 STREET ADDRESS **18675 US HWY. 19 NORTH, #403**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **D** ☐ Change ☒ Addition
 NAME **WHITE, FRED**
 STREET ADDRESS **18675 US HWY. 19 NORTH, #403 (#408)**
 CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☐ Delete
 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 REQUIRED

4/10/00

727-539-0929