

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003123

1. Entity Name

PALMETTO BEACH ATHLETIC CLUB, INC.

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

07-17-2000 90079 021 ****61.25

Principal Place of Business

2007 STUART STREET
TAMPA FL 33605

Mailing Address

2007 STUART STREET
TAMPA FL 33605

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

59-3067812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

COMPARETTO, BOBBY
1302 - 15TH STREET
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name

MICHAEL LOFLEY

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

2007 STUART ST

City

TAMPA

FL

Zip Code

33605

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

X

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 PD
NAME DOUGLAS, JAMES
STREET ADDRESS 5804 S 20TH AVE
CITY-ST-ZIP TAMPA FL 33619 ☒ Delete

TITLE VD
NAME COMPARETTO, BOBBY
STREET ADDRESS 1302 - 15TH STREET
CITY-ST-ZIP TAMPA FL-33605 ☒ Delete

TITLE SD
NAME PEREZ, MARK V
STREET ADDRESS 2007 STUART STREET
CITY-ST-ZIP TAMPA FL 33605 ☒ Delete

TITLE D
NAME PHIPPS, BOBBY
STREET ADDRESS 405 LEMON TREE DR
CITY-ST-ZIP TAMPA FL 33619 ☒ Delete

TITLE D
NAME THOMPSON, JOEL
STREET ADDRESS 7405 PATRICIAN PL
CITY-ST-ZIP TAMPA FL 33619 ☒ Delete

TITLE D
NAME NELSON, WALLACE
STREET ADDRESS 2007 STUART ST
CITY-ST-ZIP TAMPA FL 33605 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MICHAEL LOFLEY
STREET ADDRESS 2007 STUART ST
CITY-ST-ZIP TAMPA FL 33605 ☒ Change ☐ Addition

TITLE VD
NAME CARLOS BUSTAMANTE
STREET ADDRESS 2007 STUART ST
CITY-ST-ZIP TAMPA FL 33605 VD ☐ Change ☐ Addition

TITLE ~~SD~~
NAME ~~NONE~~ ☐ Change ☐ Addition

TITLE D
NAME MARK SMITH
STREET ADDRESS 2007 STUART ST
CITY-ST-ZIP TAMPA FL 33605 D ☒ Change ☐ Addition

TITLE D
NAME SONNY OWENS
STREET ADDRESS 2007 STUART ST
CITY-ST-ZIP TAMPA FL 33605 ☒ Change ☐ Addition

TITLE ☐ 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:

MARVATUPPEREQUIMARK V. Perez 7-11-00 241-2065 (813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)