

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003123

1. Entity Name

PALMETTO BEACH ATHLETIC CLUB, INC.

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

CU073312



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOELEY, MICHAEL
2007 STUART STREET
TAMPA FL 33605

7. Name and Address of New Registered Agent

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
After September 12, 2001, 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	DOUGLAS, JAMES	<input checked="" type="checkbox"/> Delete
NAME		5804 S 20TH AVE	
STREET ADDRESS		TAMPA FL 33619	
CITY-ST-ZIP			
TITLE	VD	COMPARETTO, BOBBY	<input checked="" type="checkbox"/> Delete
NAME		1302 - 15TH STREET	
STREET ADDRESS		TAMPA FL 33605	
CITY-ST-ZIP			
TITLE	SD	PEREZ, MARK V	<input checked="" type="checkbox"/> Delete
NAME		2007 STUART STREET	
STREET ADDRESS		TAMPA FL 33605	
CITY-ST-ZIP			
TITLE	D	PHIPPS, BOBBY	<input checked="" type="checkbox"/> Delete
NAME		405 LEMON TREE DR	
STREET ADDRESS		TAMPA FL 33619	
CITY-ST-ZIP			
TITLE	D	THOMPSON, JOEL	<input type="checkbox"/> Delete
NAME		7405 PATRICIAN PL	
STREET ADDRESS		TAMPA FL 33619	
CITY-ST-ZIP			
TITLE	D	NELSON, WALLACE	<input checked="" type="checkbox"/> Delete
NAME		2007 STUART ST	
STREET ADDRESS		TAMPA FL 33605	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	Thompson, Joel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7405 Patrician Place	
STREET ADDRESS		Tampa, FL 33619	
CITY-ST-ZIP			
TITLE	VD	Priestley, Chad	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2016 Elmwood Avenue	
STREET ADDRESS		Tampa, FL 33605	
CITY-ST-ZIP			
TITLE	SD	Koonce, Kenneth K.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1221 Carmichael Place	
STREET ADDRESS		Dover, FL 33527	
CITY-ST-ZIP			
TITLE	D	Wells, Dick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12009 Dagwood Way	
STREET ADDRESS		Riverview, FL 33569	
CITY-ST-ZIP			
TITLE	D	Hash Chuck	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2808 66th Street S.	
STREET ADDRESS		Tampa, FL 33619	
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: Kenneth K. Koonce Kenneth K. Koonce 7/7/01 (813) 679-2440

0011294

CR2E037 (5/01)