

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State
 09-30-2002 90177 044 ****61.25

DOCUMENT # N98000003123

1. Entity Name

PALMETTO BEACH ATHLETIC CLUB, INC.

Principal Place of Business

Mailing Address

**2007 STUART STREET
 TAMPA FL 33605**

**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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOELEY, MICHAEL
 2007 STUART STREET
 TAMPA FL 33605**

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

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

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **Chad Priestly**
 STREET ADDRESS **2007 Stuart St.**
 CITY-ST-ZIP **Tampa, FL 33605**

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

TITLE **SD** ☒ Change ☐ Addition
 NAME **Kenneth Koonce**
 STREET ADDRESS **2007 Stuart St.**
 CITY-ST-ZIP **Tampa, FL 33605**

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

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/02 (813) 241-2065
 Date Daytime Phone #

CR2E037 (9/01)