

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003182

1. Entity Name

PAST PRESIDENTS CLUB INC

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90014 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

23111 HARBORVIEW ROAD  
CHARLOTTE HARBOR FL 33980

23111 HARBORVIEW ROAD  
CHARLOTTE HARBOR FL 33980-2103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0880312

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CLEM, ROD  
15039 CHAMBERLAIN BLVD  
PT CHARLOTTE FL 33953

Name

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

City

FL

Zip Code

33950

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

*Allen R Gommer*

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 DENNISON, BILL  
STREET ADDRESS 596 W. TARPON  
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE PD ☒ Change ☐ Addition  
NAME Allen R. Gommer  
STREET ADDRESS 903 Lavilla Rd  
CITY-ST-ZIP Punta Gorda Fla. 33950

TITLE VPT ☐ Delete  
NAME WEBER, RACHEL  
STREET ADDRESS 4263 WORCHESTER DR  
CITY-ST-ZIP PUNTA GORDA FL 33982

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

TITLE ST ☒ Delete  
NAME SUMMERS, JOAN  
STREET ADDRESS 4263 WORCHESTER DR  
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE ST ☒ Change ☐ Addition  
NAME SHARON E DAVIS  
STREET ADDRESS 4135 Kings Hwy Lot 47  
CITY-ST-ZIP PT CHARLOTTE FL 33980

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Allen R Gommer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)