2000 UNIFORM BUSINESS REPORT (UBR)

5/15 5/

FILED
Aug 17, 2000 8:00 am
Secretary of State
05-15-2000 90234 028 ****61.25

DOCUMENT # N99000002404

1. Entity Name

PREGO CHESS CLUB OF MANATEE COUNTY, INC.

R

Principal Place of Business	Mailing Address
4014 79TH STREET WEST BRADENTON FL 34209	4014 79TH STREET WEST BRADENTON FL 34209-6474

615 60TH ST NW 615 60TH ST. NW

2. Principal Place of Business	3. Mailing Address
BRADENTON	BRADENTON
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FL	City & State: FL
Zip: 34209 Country: MANATEE	Zip: 34209 Country: MANATEE

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0012081 ☐ 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
BOBREK, PETER ~~4014 79TH STREET WEST~~ 615 60TH ST. NW BRADENTON FL 34209	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT VP SD PETER BOBREK 615 60TH ST. NW D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary FD ARTHUR R. Guido 252 8th Ave west Bradenton FL 34205 D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Linda Bennett - Director 615 60th Dr W Bradenton Florida D ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (05/95)

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 another like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/27/2000 941-794-0628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #