## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N99000002404

**SIGNATURE:** 

PREGO CHESS CLUB OF MANATEE COUNTY, INC.



## FILED May 01, 2003 8:00 am § Secretary of State 05-01-2003 90166 046 \*\*\*\*61.25

Principal Plac 615 60TH STR BRADENTON F		Mailing Address 615 60TH STREET NW BRADENTON FL 34209		1 14 6 14 14				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65	4. FEI Number 65-1012081 Applied For Not Applicate			
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
BOBREK, PETER 615 60TH STREET NW BRADENTON FL 34209			Street Add	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. I am familiar with, and accept the obligations of registered agent.  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 Campai Trust Fund Contr			Contribution.	- Added to 1 665	Make Checl Florida Depar	tment of S	State	
10.	OFFICERS AND DI		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DI			
NAME STREET ADDRESS CITY-ST-ZIP	BOBREK, PETER 615 60TH STREET NW BRADENTON FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP	SD BEAN, JAMES 103 34 STREET NW BRADENTON FL 34205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, LINDA 8610 54 AVE BRADENTON FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		(,	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
of the cor	ertify that the information supplied with on this report or supplemental report is poration or the receiver or tustee emp or on an attachment with an address,	owered to execute this report	as required by Chapt	d in Section 119.07(3)(i), Flore the same legal effect as iter 617, Florida Statutes; and	rida Statutes. I further cer f made under oath; that I a d that my name appears in	ify that the in m an officer Block 10 or	of director Block 11 if	