

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005734

Entity Name

ST. PETE CHESS CLUB CORPORATION

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90111 019 ****61.25

Principal Place of Business

Mailing Address

40 4TH AVENUE N
ST. PETERSBURG FL 33701

540 4TH AVENUE N
ST. PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

701 MIRROR LAKE DR. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

122

City & State

City & State

ST. PETERSBURG FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

33701

Country

USA

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

SCHERMAN, ANDREW
540 4TH AVENUE N
ST. PETERSBURG FL 33701

Name ANDREW SCHERMAN

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

701 MIRROR LAKE DR. N. #122

City

ST. PETERSBURG

FL

Zip Code

33701

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

ANDREW SCHERMAN, PRESIDENT

2/4/02

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	P	<input type="checkbox"/> Delete
NAME	SCHERMAN, ANDREW	
STREET ADDRESS	540 4TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DRUTOWSKI, DIANE	
STREET ADDRESS	540 4TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, GARY	
STREET ADDRESS	540 4TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CANTRELL, GILBERT	
STREET ADDRESS	540 4TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOUCHIK, TARAS	
STREET ADDRESS	540 4TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, ANDREWS	
STREET ADDRESS	540 4TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUTCHIK, TARAS
STREET ADDRESS	
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:

ANDREW SCHERMAN

2/4/02

727 822 1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)