

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000005734**

1. Entity Name

ST. PETE CHESS CLUB CORPORATION



Principal Place of Business

540 4TH AVENUE N  
ST. PETERSBURG, FL 33701

Mailing Address

701 MIRROR LAKE DR N  
#122  
SAINT PETERSBURG, FL 33701 US



04092004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHERMAN, ANDREW  
701 MIRROR LAKE DR N #122  
SAINT PETERSBURG, FL 33701

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000110664  
04/12/04-80092-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHERMAN, ANDREW
STREET ADDRESS	540 4TH AVE N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701
TITLE	TS
NAME	DRUTOWSKI, DIANE
STREET ADDRESS	540 4TH AVE N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701
TITLE	D
NAME	SANDERS, GARY
STREET ADDRESS	540 4TH AVE N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701
TITLE	V
NAME	CANTRELL, GILBERT
STREET ADDRESS	540 4TH AVE N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701
TITLE	D
NAME	LOUCHTENIK, TARAS
STREET ADDRESS	540 4TH AVE N
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

ANDREW SCHERMAN 4/9/04 727 822 1171