## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 15, 2002 8:00 am P00000012933 DOCUMENT # **Secretary of State** 1. Entity Name DAMASCUS CLUB, INC. 03-15-2002 90015 005 \*\*\*150.00 Principal Place of Business Mailing Address 1057 BIMINI ROAD 1057 BIMINI ROAD JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3621482 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired e Required= 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ATALLAH, MARWAN Street Address (P.O. Box Number is Not Acceptable) 1057 BIMINI ROAD JACKSONVILLE FL 32216 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back)== Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition ☐ Delete TITI F TITLE ATALLAH, MARWAN NAME NAME 505 BRUNSWICK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE DAOUD, ELIAS NAME NAME STREET ADDRESS STREET ADDRESS 1814 SAN JOSE BLVD JACKSONVILLE FL 32217 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE ATALLAH, BASSAM NAME STREET ADDRESS STREET ADDRESS 1042 E. JAMACA RD JACKSONVILLE FL 32216 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**FILED** 

Daytime Phone #