

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90116 001 ***150.00

DOCUMENT # P00000028200

1. Entity Name

INVESTMENT CLUB 694, INC.

Principal Place of Business

**133 N. FT. HARRISON AVE.
 CLEARWATER FL 33755**

Mailing Address

**133 N. FT. HARRISON AVE.
 CLEARWATER FL 33755**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

**SHOWERS, GREGORY K
 133 N. FT. HARRISON AVE.
 CLEARWATER FL 33755**

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME HALL, GLENDON P ☐ Delete
 STREET ADDRESS 133 N. FT. HARRISON AVE.
 CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD
 NAME MORRISON, GREGORY ☐ Delete
 STREET ADDRESS 133 N. FT. HARRISON AVE.
 CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME MARCHANT, ELAINE ☒ Delete
 STREET ADDRESS 133 N. FT. HARRISON AVE.
 CITY-ST-ZIP CLEARWATER FL 33755

TITLE SECRETARY ☐ Change ☒ Addition
 NAME MICHELLE HALL
 STREET ADDRESS 133 N. FT. HARRISON AVE
 CITY-ST-ZIP CLEARWATER, FL 33755

TITLE TD
 NAME HOLMES, DANNY ☒ Delete
 STREET ADDRESS 133 N. FT. HARRISON AVE.
 CITY-ST-ZIP CLEARWATER FL 33755

TITLE TREASURER ☐ Change ☒ Addition
 NAME PRINCESS HOLMES
 STREET ADDRESS 133 N. FT. HARRISON AVE
 CITY-ST-ZIP CLEARWATER, FL 33755

TITLE D
 NAME MARCHANT, WAYNE ☐ Delete
 STREET ADDRESS 133 N. FT. HARRISON AVE.
 CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME SHOWERS, GREGORY K ☐ Delete
 STREET ADDRESS 133 N. FT. HARRISON AVE.
 CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)