

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90022 027 ***158.75

0337702

DOCUMENT # P00000057080

1. Entity Name

THE PLAYERS CLUB OF TAMPA BAY, INC.

Principal Place of Business

1936 CROWN PARK DR.
 VALRICO FL 33594

Mailing Address

1936 CROWN PARK DR.
 VALRICO FL 33594

717635

2. Principal Place of Business

3. Mailing Address

P.O. Box 355

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

VALRICO, FL.

4. FEI Number

05-0927601

Applied For

Not Applicable

Zip

Country

Zip

Country

33595

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

SANCHES, ROMILDO P
529 SOUTH PARSONS AVENUE
BRANDON FL 33511

Name

SANCHES, ROMILDO P

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

1936 CROWN PARK DR.

City

VALRICO

FL

Zip Code

33594

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

ROMILDO P. SANCHES

Romildo Sanches

01/20/01

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	D	<input type="checkbox"/> Delete
NAME	SANCHES, ROMILDO P	
STREET ADDRESS	529 SOUTH PARSONS AVENUE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHES, MIRIAN	
STREET ADDRESS	529 SOUTH PARSONS AVENUE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMILDO P. SANCHES	
STREET ADDRESS	1936 CROWN PARK DR.	
CITY-ST-ZIP	VALRICO, FL. 33594	
TITLE	VICE PRESIDENT.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRIAN T. SANCHES	
STREET ADDRESS	1936 CROWN PARK DR.	
CITY-ST-ZIP	VALRICO, FL. 33594	
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		

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:

ROMILDO SANCHES

01/20/01

(813) 662-9512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)