

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P35848

1. Entity Name

EBONITE RECREATION CENTERS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90210 039 ***150.00

Principal Place of Business

Mailing Address

C/O BONITE RECREATION CENTERS, INC.
322 E JAMES CAMPBELL BLVD
COLUMBIA TN 38401
US

322 E. JAMES CAMPBELL BLVD
COLUMBIA TN 38401-6301
US

80010012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

To Ebonite Recreation Centers, Inc.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0286989

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BENTLEY, MORGAN R ESQ
C/O WILLIAMS PARKER HARRISON & GETZEN
200 S. ORANGE AVENUE
SARASOTA FL 34236

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, 2000 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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTTLEMAN, STANLEY C.		NAME	
STREET ADDRESS	375 N HIGHLAND AVENUE		STREET ADDRESS	
CITY-ST-ZIP	MERION STATION PA		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEID, WILLIAM T.		NAME	
STREET ADDRESS	1329 SHALLOW LAKE CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	HOPKINSVILLE KY		CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTTLEMAN, STEVEN M.		NAME	
STREET ADDRESS	40 BEDFORD STREET		STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		CITY-ST-ZIP	
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLOY, THOMAS V., JR		NAME	
STREET ADDRESS	24 MARINA VILLAGE WAY		STREET ADDRESS	
CITY-ST-ZIP	SALEM SC		CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUTCHEON, LARRY C		NAME	
STREET ADDRESS	537 PINE CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	HOHENWALD TN 38462		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDavid, MELINDA A		NAME	
STREET ADDRESS	1265 JOSTIN DRIVE		STREET ADDRESS	
CITY-ST-ZIP	CLARKSVILLE TN 37040		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: *Melinda A. McDavid*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2000
Date

270-881-1203
Daytime Phone #