2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000065357

1. Entity Name

THE CLUBHOUSE RESTAURANT, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90137 033 ***150.00

	•	•				
Principal Place of Business 600 WILDER BLVD. DAYTONA BEACH FL 32114		Mailing Address 600 WILDER BLVD. DAYTONA BEACH FI	•			
2. Principal f	Place of Business	3. Mailing Address				
						(10.00) 40104 (11.01) 411/11 (10.01) (10.01)
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 59-3201903	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Cu	rrent Registered Agent			7. Name and Address of New Registers	
			Nan	ne		
LEIZEAR, 600 WILD			Street Address (P.O. Box Number is Not Acceptable)	
	A BEACH FL 32114					
			City			Zip Code
8. The above the obligation	e named entity submits this statement tions of registered agent.	ent for the purpose of changir	ng its registered offic	e or registere	ed agent, or both, in the State of Florida. Ta	m familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered	agent and title it applicable.	(NOTE: Registered Agent s	ignature required	when reinstating) DAT	E
Afte	TILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 k Payable to Florida Departme	0.00	••••		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	DP LEIZEAR, GLEN A	☐ Delete	TITLE NAME			☐ Change ☐ Addition
CITY-ST-ZIP	600 WILDER BLVD. DAYTONA BEACH FL 32114		STREET ADDRE	:SS		
TITLE NAME STREET ADDRESS		Delete	TITLE NAME	Fra	Pank, Leizear wilder Blud. Hona Beach, FL. 31	☐ Change ☐ Addition
CITY-ST-ZIP			STREET ADDRE CITY-ST-ZIP	55 600 Day	stong Brack FL. 37	2/14
TITLE NAME STREET ADDRESS	-	☐ Delete	TITLE NAME STREET ADDRE	T/S Pes	sy Leizean. Wilden Blad. Mytona Beach Fr.	☐ Change ☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP	" 600	intona Beach Fr	32/14
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME			☐ Change ☐ Addition
CITY+ST-ZIP			STREET ADDRES CITY-ST-ZIP	SS		
TITLE	·	☐ Delete	TITLE			☐ Change ☐ Addition
NAME Street Address City-St-Zip			NAME STREET ADDRES CITY-ST-ZIP	ss		
TITLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied	with this filing does not as "	STREET ADDRES			

indicated on this report or 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 10 or Block 11 if changed, or on an attachment of the receiver of the corporation of the receiver or trustee empowered.

SIGNATURE: ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR