

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055409

1. Entity Name

D & D CLUB, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90057 047 ***150.00

Principal Place of Business

Mailing Address

90TH AVE
VERO BEACH FL 32966

1626 90TH AVE
VERO BEACH FL 32966-6614

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 65-0597813

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

Name

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

City

FL

Zip Code

RICHARDSON, DANFORTH K
1626-90TH AVENUE
VERO BEACH FL 32966

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	PD	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, DANFORTH K	
STREET ADDRESS	1855 28TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RAY	
STREET ADDRESS	4776 OLD DIXIE HWY	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PEREZ, TOMAS R	
STREET ADDRESS	2019 CORTEZ AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	AST	<input type="checkbox"/> Delete
NAME	GELLINGER, STEVEN	
STREET ADDRESS	1220 29TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BECKER, WILLIAM	
STREET ADDRESS	2195 N KINGS HWY	
CITY-ST-ZIP	FT PIERCE FL 34951	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIELENZ, HANNS	
STREET ADDRESS	316 ISLAND CREEK DR	
CITY-ST-ZIP	VERO BEACH FL 32963	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIELENZ, HANNS	
STREET ADDRESS	315 Island Creek Drive, J.I.	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, DANFORTH K.	
STREET ADDRESS	1855 - 28th Avenue	
CITY-ST-ZIP	Vero Beach, FL 32963	
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		

CR2E034 (9/99)

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 of Registered Agent
SIGNATURE OF REGISTERED AGENT AND TITLE IF APPLICABLE

4/25/2000

561-567-1151

Date

Daytime Phone #