

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053631

1. Entity Name

THE CLUB FAMILY SPORTS COMPLEX, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90073 006 ***150.00

Principal Place of Business

1230 CRANE COVE BLVD
 605 CHESAPEAKE DRIVE
 GULF BREEZE FL 32561

Mailing Address

1230 CRANE COVE BLVD
 605 CHESAPEAKE DRIVE
 GULF BREEZE FL 32561-4545

2. Principal Place of Business

1230 CRANE COVE BLVD

Mailing Address

1230 CRANE COVE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

City & State

GULF BREEZE FL

Zip

32561

Country

USA

Zip

32561

Country

USA

4. FEI Number

59-3390442

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EMLING, CHARLES A
 605 CHESAPEAKE DRIVE
 GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

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

TITLE P
 NAME EMLING, CHARLES
 STREET ADDRESS 605 CHESAPEAKE DRIVE
 CITY-ST-ZIP GULF BREEZE FL 32561

TITLE
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 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 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:

Charles A. Emling
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

(850) 916-7946
 Daytime Phone #

CR2F034 (1/99)