

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096193

1. Entity Name

PROFESSIONAL CLUB SERVICES OF AMERICA, INC.

Principal Place of Business

17595 S TAMiami TRAIL
STE 202
FT MYERS FL 33908
US

Mailing Address

1403 EMBASSY WOODS BLVD
NAPLES FL 34104
US

2. Principal Place of Business

3. Mailing Address

17595 S Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

City & State

City & State

FT. MYERS FL

Zip

Zip

33908

Country

LE6

4. FEI Number

59-3477786

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

SPEECHLY, C S JR
7550 SUNSHINE SKYWAY LANE T43
ST. PETERSBURG FL 33711

Name

ROBERT L SARVER II

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

17595 S. TAMiami TRAIL

STE 202

City

FL

Zip Code

33908

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

4/30/00

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

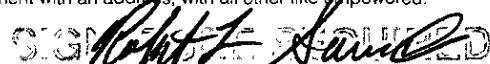
12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEECHLY, C S JR		NAME	ROBERT SARVER	
STREET ADDRESS	7550 SUNSHINE SKYWAY LANE T43		STREET ADDRESS	9232 PINEAPPLE RD	
CITY-ST-ZIP	ST. PETERSBURG FL 33711		CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARVER, JOHN C		NAME		
STREET ADDRESS	9232 PINEAPPLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARVER, ROBERT L II		NAME		
STREET ADDRESS	9232 PINEAPPLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Sarver II 430.00 941-415-1655

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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