

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90130 021 \*\*\*150.00

DOCUMENT # P98000001517

1. Entity Name

WINNER'S PUB, INC.



**DO NOT WRITE IN THIS SPACE**

20005369

2. Principal Place of Business

8655 Piper Road

3. Mailing Address

P. O. Box 38-1084

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Punta Gorda, Florida

City & State  
Murdock, Florida

4. FEI Number  
65-0807135

Applied For

Not Applicable

Zip  
33982

Country  
USA

Zip  
33938-1084

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name  
Jesse LeRoy Davidson

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

20295 Lorenzo Avenue

City  
Port Charlotte

FL

Zip Code  
33952

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jesse LeRoy Davidson, Registered Agent

January 9, 2003

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D, C, Jesse LeRoy Davidson 20295 Lorenzo Avenue Port Charlotte, Florida 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T, D, Mary E. Benson 18375 Temple Avenue Port Charlotte, Florida 33948	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary E. Benson, Secretary 1/9/03

800-325-8172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)