

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003336

1. Entity Name
CLB ATHLETIC, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 2: 16

Principal Place of Business
31071 U.S. HIGHWAY 19 N.
PALM HARBOR FL 34684

Mailing Address
31071 U.S. HIGHWAY 19 N.
PALM HARBOR FL 34684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3487552

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name CLB ATHLETIC, INC., LINDA M. MILLER
Street Address (P.O. Box Number is Not Acceptable)
31071 US HWY 19 N.
City PALM HARBOR FL Zip Code 34684

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 Linda M. Miller

DATE 10/22/01

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD
NAME BEARD, CHRISTOPHER D
STREET ADDRESS 104 MASTERS LANE
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☒ Delete

TITLE VPD PD
NAME MILLER, LINDA
STREET ADDRESS 104 MASTERS LANE
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

TITLE SD
NAME MILLER, ROBERT D
STREET ADDRESS 104 MASTERS LANE
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700004679277-9
-11/14/01--01085--016
*****750.00 *****750.00 ☐ Change ☐ Addition

TITLE PD
NAME MILLER, LINDA
STREET ADDRESS 104 MASTERS LANE
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, for all other like empowered.

SIGNATURE: Linda M. Miller, President 10/22/01 727-772-6624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0101622 AV

CR2E034 (5/01)