

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050514

1. Entity Name

CLUB CABANA, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90046 046 ***150.00

Principal Place of Business

Mailing Address

1239 ROGERO RD
JACKSONVILLE FL 32211

1239 ROGERO RD
JACKSONVILLE FL 32211-4848



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1239 Rogero Rd
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.

City & State

City & State

Jax FL

Zip
32211

Country
DUAL

Zip

Country

4. FEI Number 65-0853853

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

TAGLIONE, RAYMOND J
1239 ROGERO RD
JACKSONVILLE FL 32211

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 Raymond J. Taglione RAYMOND J. TAGLIONE

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 NAME STREET ADDRESS CITY-ST-ZIP	D TAGLIONE, RAYMOND J 1239 ROGERO RD JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
RAYMOND J. TAGLIONE

Date

Daytime Phone #

1-6-00 745-6800

CR2E034 (9/99)