

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052483

1. Entity Name  
**CLUB LIVE HARD, INC.**

**FILED**

**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90060 014 \*\*\*150.00

Principal Place of Business  
**2309 BEACH BLVD  
JACKSONVILLE BEACH FL 32250  
US**

Mailing Address  
**2309 BEACH BLVD  
JACKSONVILLE BEACH FL 32250  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3517048**

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

7. Name and Address of New Registered Agent

**DOYLE, WILLIAM E  
1301 RIVERPLACE BLVD  
STE 2600  
JACKSONVILLE FL 32207**

Name **Doyle, William E**  
Street Address (P.O. Box Number is Not Acceptable)  
**4207 2002 Southside Blvd.**  
**Suite 201**  
City **Jacksonville** **FL** Zip Code **32216**

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.

**David Adeeb**  
(NOTE: Registered Agent signature required when reinstating)

**4-27-01**  
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, 2001 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 **V** ☐ Delete  
NAME **SINGLETARY, PATRICK**  
STREET ADDRESS **318 4TH ST**  
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **4401 Tideview Dr.**  
CITY-ST-ZIP **Jacksonville, FL 32250**

TITLE **PST** ☐ Delete  
NAME **ADEEB, DAVID K**  
STREET ADDRESS **2245 EAGLES NEST ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32246**

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS **1424 Bucknoll Cove**  
CITY-ST-ZIP **Neptune Beach, FL 32246**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-01**  
Date

**904-249-6440**  
Daytime Phone #

CR2E034 (10/00)