

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077639

1. Entity Name

CLUB AIR SPORTSWEAR, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90025 014 ***150.00

Principal Place of Business

Mailing Address

1707 DALE MABRY BLVD
LUTZ FL 33549-3014

1707 DALE MABRY BLVD
LUTZ FL 33549-3014

2. Principal Place of Business

4334 Land O' Lakes Blvd

3. Mailing Address

4334 Land O' Lakes Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Land O' Lakes Florida

City & State

Land O' Lakes Florida

Zip

34639

Country

USA

Zip

34639

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2924800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLYNT, JULIE
1707 DALE MABRY BLVD
LUTZ FL 33549-3014

7. Name and Address of New Registered Agent

Name

SAME Julie Flynt

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

3306 clover leaf ln

City

Land O' Lakes

FL

Zip Code

34639

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

Julie Flynt Julie Flynt

3-24-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

TITLE ☐ Delete
NAME D
STREET ADDRESS FLYNT, JULIE
CITY-ST-ZIP 1707-DALE MABRY BLVD
LUTZ FL 33549-3014

TITLE ☐ Delete
NAME D
STREET ADDRESS MUNZ, CRAIG
CITY-ST-ZIP 1707 DALE MABRY BLVD
LUTZ FL 33549-3014

TITLE ☐ Delete
NAME D
STREET ADDRESS MUNZ, PATRICIA
CITY-ST-ZIP 1707 DALE MABRY BLVD
LUTZ FL 33549-3014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

Julie Flynt Julie Flynt

3-24-00 813 996 0886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)