2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

DOCUMENT # **P98000085830** Feb 24, 2000 8:00 am 1. Entity Name **Secretary of State** CHIEFS GENTLEMEN CLUB, INC. 02-24-2000 90027 002 ***150.00 Principal Place of Business Mailing Address 3820 NORTHDALE BOULEVARD. SUITE 312B 3820 NORTHDALE BOULEVARD, SUITE 3128 TAMPA FL 33624-1842 TAMPA FL 33624 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3537208 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUBLEY & BUBLEY, P.A. Street Address (P.O. Box Number is Not Acceptable) 3820 NORTHDALE BOULEVARD, SUITE 312B TAMPA FL 33624 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Change TITLE ☐ Delete TITLE BUBLEY, DANIEL NAME NAME STREET ADDRESS 3820 NORTHDALE BOULEVARD, SUITE 312B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33624** ☐ Addition Change ☐ Delete TITLE BUBLEY, MARTIN NAME NAME 3820 NORTHDALE BOULEVARD, SUITE 312B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE 3025 Geiger Court Clearwater Florida 33761 KOBITTER, BRIAN NAME NAME 2556 SKIPPER TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 34621** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.