

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093401

1. Entity Name

THE BIG BOY'S CLUB, INC.

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90032 001 ***150.00

Principal Place of Business

Mailing Address

1580 EAST SANDPIPER CIRCLE
PEMBROKE PINES FL 33026

1580 EAST SANDPIPER CIRCLE
PEMBROKE PINES FL 33026-2812

2. Principal Place of Business

3. Mailing Address

1580 E. SANDPIPER CIR

1580 EAST SANDPIPER CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1580

1580

City & State

City & State

PEMBROKE PINES FL

PEMBROKE PINES FL

Zip

Country

Zip

Country

33026

USA

33026

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAY, COLEMAN PAUL
1580 EAST SANDPIPER CIRCLE
PEMBROKE PINES FL 33026

Name
COLEMAN PAUL RAY

Street Address (P.O. Box Number is Not Acceptable)
1580 E. SANDPIPER CIR

City
PEMBROKE PINES FL

Zip Code
33026

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 Coleman PAUL RAY

1-9-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAY, COLEMAN PAUL
1580 EAST SANDPIPER CIRCLE
PEMBROKE PINES FL 33026 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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, with all other like empowered.

SIGNATURE:

Coleman PAUL RAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-2000 254-4380410

CR2F034 (9/99)