

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000001929

1. Entity Name
CLUB 1509 INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90109 039 ***150.00

Principal Place of Business

1509 8TH AVE. YBOR CITY
TAMPA FL 33606

Mailing Address

1509 8TH AVE. YBOR CITY
TAMPA FL 33605-3707

2. Principal Place of Business

3. Mailing Address

P.O. Box 21287

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

4. FEI Number

59-3567711

Applied For

Not Applicable

Zip

Country

Zip

33622

Country

U.S.

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

NELSON, G M
3333 W. KENNEDY BLVD. STE. 103
TAMPA FL 33609

Name

Kenneth M. Sohl

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

7007 Shenandoah Ct

City

Tampa

FL

Zip Code

33615

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)

DATE

4-25-00

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 SOHL, KENNETH N 1509 8TH AVE. YBOR CITY TAMPA FL 33606 | <input type="checkbox"/> Delete |
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

CR2E034 (9/99)