

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91171 021 ***150.00

05206559

DOCUMENT # P99000001929

1. Entity Name

CLUB 1509 INC.

Principal Place of Business

**1509 8TH AVE. YBOR CITY
TAMPA FL 33606**

Mailing Address

**PO BOX 21287
TAMPA FL 33622
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3567711**

Applied For
Not Applicable

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

**SOHL, KENNETH M
7007 SHENANDOAH CT
TAMPA FL 33615**

Name

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

City

FL

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's 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, 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 ☐ Delete
NAME **D**
STREET ADDRESS **SOHL, KENNETH N**
CITY-ST-ZIP **1509 8TH AVE. YBOR CITY
TAMPA FL 33606**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

Club 1509, Inc.
P.O. Box 21287
Tampa, FL 33622

Doc. # P99000001929
771380

May 20, 2001

Florida Department of State
Division of Corporations
P.O. box 6327
Tallahassee, FL 32314

Re: Renewal of Club 1509 Inc Document #P99000001929

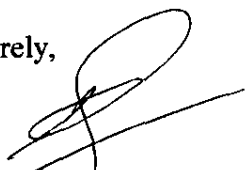
Gentlemen:

We are enclosing our check for \$150.00 for renewal of the 2001 Uniform Business Report.

The deadline was missed due to a change in office staff. We are requesting that the \$400.00 late fee be waived if possible. It would put an undue hardship on the Corporation and we acted on it immediately when it was discovered.

Thank you very much for considering our request.

Sincerely,



Kenneth M. Sohl