

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013016

1. Entity Name

CLUB 620, CORP.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90165 017 ***150.00

Principal Place of Business

Mailing Address

620 S. DIXIE HWY
LAKE WORTH FL 33460

620 S. DIXIE HWY
LAKE WORTH FL 33460-4949

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Worth FL

Zip

Country

Zip

Country

33460

USA

4. FEI Number

65-0891683

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

BLACK, LAWRENCE E
3326 NE 33RD STREET
FT. LAUDERDALE FL 33308

Name

LUCILA VEGA

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

1010 S. Dixie Hwy

City

Lake Worth

FL

Zip Code

33460

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

LUCILA VEGA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-00

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
DPST
COAKLEY, ROBERT
320 HEROSA AVE., #206
HERMOSA BEACH CA 90254 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
LUCILA VEGA
1412 N. 5th
Lake Worth, FL 33460 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

ROBERT COAKLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

561-586-9567

Daytime Phone #

CR2E034 (9/99)