

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013786

1. Entity Name

PARTNERS CLUB, INC.

**FILED**  
**Aug 14, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90002 002 \*\*\*550.00

Principal Place of Business

8215 NORTHWEST 85TH AVENUE  
TAMARAC FL 33321

Mailing Address

8215 NORTHWEST 85TH AVENUE  
TAMARAC FL 33321

2. Principal Place of Business

7953 West McNaughton Road  
Suite, Apt. #, etc.

3. Mailing Address

8215 NW 85 AVE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMARAC FL 33321

City & State

TAMARAC FL

4. FEI Number

68-0250208

Applied For

Not Applicable

Zip

33321

Zip

33321

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

RENE N BISSON

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

8215 NW 85 AVE

TAMARAC FL

City

FL

Zip Code

33321

8. The above party/entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *René N Bisson*

RENE N BISSON

7/7/00

Signature, typed or printed name of registered agent and used 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE PSTD  
NAME BISSON, RENE  
STREET ADDRESS 8215 NORTHWEST 85TH AVENUE  
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: *René N Bisson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/00 954 722 2799  
Date Daytime Phone #