

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061725

1. Entity Name

THE JAVA CLUB, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90100 040 ***150.00

Principal Place of Business

Mailing Address

3408 W OHIO AVE
TAMPA FL 33611

3408 W OHIO AVE
TAMPA FL 33611-4626

2. Principal Place of Business

4330 W EL PRADO BLVD

3. Mailing Address

4330 W EL PRADO BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-2588118

Applied For

Not Applicable

Zip

33629

Country

HILLSBORO

Zip

33629

Country

HILLSBORO

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

PILET, GORDON A
3408 W OHIO AVE
TAMPA FL 33611

Name

MORRIS HOWARD

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

4330 W EL PRADO BLVD

City

TAMPA FL

FL

Zip Code

33629

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] MORRIS J. HOWARD

(NOTE: Registered Agent signature required when reinstating)

25 APR 00

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 ~~OR~~ 2130
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 ☒ Delete
NAME D
STREET ADDRESS PILET, CARY
CITY-ST-ZIP 3408 W OHIO AVE
TAMPA FL 33611

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS MORRIS HOWARD
CITY-ST-ZIP 4330 W EL PRADO BLVD
TAMPA FL 33629

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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 empowered.

SIGNATURE:

[Signature] MORRIS J. HOWARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 APR. 00

Date

(813) 909-7906

Daytime Phone #

CR2E034 (9/99)