

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700860

Entity Name: 300 CLUB INC.**Current Principal Place of Business:**3715 N.W. 12TH AVE
GAINESVILLE, FL 32605-4816**Current Mailing Address:**3715 N.W. 12TH AVE
GAINESVILLE, FL 32605-4816**FEI Number:** 59-0942959**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MEHAN, BOBBIE S
3715 NW 12 AVENUE
GAINESVILLE, FL 32605-4816 US*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:** BOBBIE MEHAN

01/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name NEWMAN, CHRISTIAN
Address 3715 N.W. 12TH AVE
City-State-Zip: GAINESVILLE FL 32605-4816

Title PRESIDENT
Name WHITE, TIMOTHY
Address 4305 SW 82 TERRACE
City-State-Zip: GAINESVILLE FL 32608-4202

Title SECRETARY
Name BRASWELL, LINDA
Address 8909 SW 40 AVE
City-State-Zip: GAINESVILLE FL 32608-8699

Title DIRECTOR
Name BROYLES, JENNA
Address 3716 SW 6 PLACE
City-State-Zip: GAINESVILLE FL 32607-2901

Title DIRECTOR
Name EDWARDS, THOMAS
Address 4156 NW 68 DRIVE
City-State-Zip: GAINESVILLE FL 32606-4277

Title TREASURER
Name CHRISTMANN, THOMAS
Address 2508 NW 34 TERRACE
City-State-Zip: GAINESVILLE FL 32605-2615

Title DIRECTOR
Name LITTLE, LUCILLE
Address 3731 NW 13 PLACE
City-State-Zip: GAINESVILLE FL 32605-4823

Title VP
Name BOTTCHE, DELBERT
Address 3448 NW 12 AVENUE
City-State-Zip: GAINESVILLE FL 32605-4811

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS EDWARDS

DIRECTOR

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	NIKOLIC, GREG
Address	3715 N.W. 12TH AVE
City-State-Zip:	GAINESVILLE FL 32605-4826