

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90210 039 ***150.00

DOCUMENT # P35848

1. Entity Name

EBONITE RECREATION CENTERS, INC.

80010012



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O BONITE RECREATION CENTERS, INC.
 322 E JAMES CAMPBELL BLVD
 COLUMBIA TN 38401
 US

322 E. JAMES CAMPBELL BLVD
 COLUMBIA TN 38401-6301
 US

2. Principal Place of Business

3. Mailing Address

To Ebonite Recreation Centers, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0286989

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BENTLEY, MORGAN R ESQ
C/O WILLIAMS PARKER HARRISON & GETZEN
200 S. ORANGE AVENUE
SARASOTA FL 34236

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 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, 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D						
	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	TUTTLEMAN, STANLEY C.	375 N HIGHLAND AVENUE	MERION STATION PA				
	D				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete						
	SCHEID, WILLIAM T.	1329 SHALLOW LAKE CIRCLE	HOPKINSVILLE KY				
	SD				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete						
	TUTTLEMAN, STEVEN M.	40 BEDFORD STREET	NEW YORK NY				
	PTD				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete						
	MALLOY, THOMAS V., JR	24 MARINA VILLAGE WAY	SALEM SC				
	T				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete						
	MCCUTCHEON, LARRY C	537 PINE CIRCLE	HOHENWALD TN 38462				
	S				<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	<input type="checkbox"/> Delete						
	MCDavid, MELINDA A	1265 JOSTIN DRIVE	CLARKSVILLE TN 37040				

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: *Melinda A. McDavid*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2000
 Date

270-881-1203
 Daytime Phone #