

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90144 038 ****61.25

001/361

DOCUMENT # 706106

1. Entity Name

THE GULF COAST REGION OF SPORTS CAR CLUB OF AMER

Principal Place of Business

OF AMERICA INC
 5407 CHAR BAR DRIVE
 PENSACOLA FL 32526-3526

Mailing Address

OF AMERICA INC
 5407 CHAR BAR DRIVE
 PENSACOLA FL 32526-3526

2. Principal Place of Business

13575 LEATHERBURY RD

Suite, Apt. #, etc.

3. Mailing Address

13575 LEATHERBURY RD

Suite, Apt. #, etc.

City & State

LOXLEY AL

City & State

LOXLEY AL

4. FEI Number

59-2893805

Applied For

Not Applicable

Zip

36551

Country

USA

Zip

36551

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, ARLO D.
5407 CHAR BAR DRIVE
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name **CLIFF KIRK**

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

2201 SCENIC HWY - C4

City **PENSACOLA**

FL

Zip **32503**

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **WURZBACH, WALTER O**
 STREET ADDRESS **13575 LEATHERBURY RD**
 CITY-ST-ZIP **LOXLEY AL**

TITLE **TD** ☒ Delete
 NAME **MOORE, ARLO D**
 STREET ADDRESS **5407 CHAR BAR DR**
 CITY-ST-ZIP **PENSACOLA, FL 00000**

TITLE **VD** ☐ Delete
 NAME **KIRK, CLIFF**
 STREET ADDRESS **2201 SCENIC HWY-C4**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE **VD** ☐ Delete
 NAME **MITCHELL, ALBERT W**
 STREET ADDRESS **3244 COBBLESTONE DR**
 CITY-ST-ZIP **PACE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
 NAME **TD**
 NAME **JOHN GALLIGAN**
 STREET ADDRESS **1041 RIDGEWOOD DR.**
 CITY-ST-ZIP **LILLIAM AL 36549**

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)