

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706106

1. Entity Name

THE GULF COAST REGION OF SPORTS CAR CLUB OF AMER  
ICA, INCORPORATED

Principal Place of Business

OF AMERICA INC  
13575 LEATHERBURY ROAD  
LOXLEY AL 36551

Mailing Address

OF AMERICA INC  
13575 LEATHERBURY ROAD  
LOXLEY AL 36551

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2893805

Applied For

Not Applicable

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

KIRK, CLIFF  
2207 SCENIC HWY C-4  
PENSACOLA FL 32503

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME GALLIGAN, JOHN  
STREET ADDRESS 1041 RIDGEWOOD  
CITY-ST-ZIP LILLIAN AL 36549

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☒ Delete

TITLE VD  
NAME EARL WALKER  
STREET ADDRESS 4 FRISCO RD  
CITY-ST-ZIP PENSACOLA FL 32507

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

FILED  
Jan 23, 2002 8:00 am  
Secretary of State

01-23-2002 90059 017 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)