

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90064 045 \*\*\*\*61.25

**DOCUMENT # 712424**  
 1. Entity Name  
**THE MIRACLE STRIP CORVETTE CLUB, INC.**

Principal Place of Business      Mailing Address  
**6084 SPANISH OAK DR.**      **6084 SPANISH OAK DR.**  
**PENSACOLA FL 32526**      **PENSACOLA FL 32526-3747**

2. Principal Place of Business      3. Mailing Address  
**P.O. BOX 10332**      **P.O. BOX 10332**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**PENSACOLA, FL.**      **PENSACOLA, FL.**

Zip      Country      Zip      Country  
**32524**      **US**      **32524**      **US**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**NOT APPLICABLE**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**KIRK, CLIFF**  
**913 EAST GONZALEZ**  
**PENSACOLA FL 32501**

7. Name and Address of New Registered Agent  
 Name      **ROBERT S. ROACH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3961 SHOREWOOD DR.**  
 City      **PENSACOLA**      FL      Zip Code      **32507**

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      *Robert S. Roach*      **ROBERT S. ROACH**      **3/14/00**  
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	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, BENJAMIN</b>	
STREET ADDRESS	<b>1201 WISTERIA AVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KIRK, CLIFF</b>	
STREET ADDRESS	<b>913 EAST GONZALEZ</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VARGAS, KENNETH</b>	
STREET ADDRESS	<b>5564 POINTE VERDE CT</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DIXON, JIM</b>	
STREET ADDRESS	<b>2842 WHISPER BAY BLVD.</b>	
CITY-ST-ZIP	<b>GULF BREEZE FL 32561</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILCOX, DAVID</b>	
STREET ADDRESS	<b>12195 LONGWOOD DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROACH, STEVE</b>	
STREET ADDRESS	<b>3961 SHOREWOOD DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT S. ROACH</b>	
STREET ADDRESS	<b>3961 SHOREWOOD DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL. 32507</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERRY L. BAILEY</b>	
STREET ADDRESS	<b>6035 SCHOFIELD DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL. 32506</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLIFF KIRK</b>	
STREET ADDRESS	<b>913 EAST GONZALEZ</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL. 32501</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER SAUNDERS</b>	
STREET ADDRESS	<b>5206 SOUND SIDE DR.</b>	
CITY-ST-ZIP	<b>GULF BREEZE, FL. 32561</b>	

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:      *Robert S. Roach*      **ROBERT S. ROACH**      **3/14/00**      **850-452-9200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)