

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91626 015 ****61.25

DOCUMENT # 712424

1. Entity Name

THE MIRACLE STRIP CORVETTE CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 10332
 PENSACOLA FL 32524
 US

P.O. BOX 10332
 PENSACOLA FL 32524
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE**

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

LURIE, CHARLIE
360 NOWLIN ST.
PENSACOLA FL 32534

Name **CLIFF KIRK**

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

City **PENSACOLA** FL Zip Code **32501**

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

CLIFF KIRK

5-10-02

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	<input checked="" type="checkbox"/> Delete
NAME	LURIE, CHARLIE	
STREET ADDRESS	360 NOWLIN ST	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DRAUGHAM, RANDALL L	
STREET ADDRESS	4515 SOUTHPOINTE LN	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, PERRY L	
STREET ADDRESS	6035 SCHOFIELD DR	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, RENEE	
STREET ADDRESS	6035 SCHEFIELD DR.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRK, CLIFF	
STREET ADDRESS	913 EAST GONZALEZ	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SAUNDERS, COOPER	
STREET ADDRESS	5206 SONNDSIDE DR	
CITY-ST-ZIP	GULF BREEZE FL 32561	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY ROWLEY	
STREET ADDRESS	9392 CLARKE RIDGE ROAD	
CITY-ST-ZIP	FOLEY, AL 36535	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAUGHAM	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF WETZEL	
STREET ADDRESS	5143 CHOCTAW AVE.	
CITY-ST-ZIP	PENSACOLA, FL. 32507	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE ROACH	
STREET ADDRESS	3961 SHOREWOOD DR.	
CITY-ST-ZIP	PENSACOLA, FL. 32507	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUDY ROWLEY	
STREET ADDRESS	9392 CLARKE RIDGE ROAD	
CITY-ST-ZIP	FOLEY, AL 36535	

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:

CLIFF KIRK

5-10-02 850-469-9117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)