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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717547

1. Corporation Name

THE SUNCOAST CRUISE CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 114 11TH AVE.<br>ST. PETE BCH FL 33706<br>US | E. CHANDLER<br>101 E. KENNEDY BLVD.. STE. 1500<br>TAMPA FL 33602<br>US |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 E. CHANDLER | 26 E. CHANDLER |
| Suite, Apt. #, etc.<br>22 22547 S. SHORE DR | Suite, Apt. #, etc.<br>27 22547 S. SHORE DR. |
| City & State<br>23 LAND O' LAKES, FL | City & State<br>28 LAND O'LAKES, FL |
| Zip / Country<br>24 34639 25 USA | Zip / Country<br>29 34639 30 USA |

3. Date Incorporated or Qualifed: 11/12/1969

4. FEI Number: 23-7173453 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

**9. Name and Address of Current Registered Agent**

VALDES, FRANK J.
114 11TH AVE.
ST. PETERSBURG BCH. FL 33706

**10. Name and Address of New Registered Agent**

81 Name: E. CHANDLER
82 Street Address (P.O. Box Number is Not Acceptable): 22547 S. SHORE DR
83
84 City: LAND O' LAKES FL 85 Zip Code: 34639

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Everett C. Chandler Jr., Treasurer (EVERETT C. CHANDLER, JR) DATE: 4-21-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CHANDLER, EVERETT C JR. | | 1.2 NAME | | |
| STREET ADDRESS | 22547 S. SHORE DR. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAND O LAKES FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BROADWAY, RONALD | | 2.2 NAME | | |
| STREET ADDRESS | 8006 12 AVE SO. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LEON, RAYMOND | | 3.2 NAME | | |
| STREET ADDRESS | 4339 HONEY VISTA CIRCLE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | 3.4. CITY-ST-ZIP | | |
| TITLE | TD | ☒ DELETE | 4.1 TITLE | PRESIDENT | ☒ Change ☐ Addition |
| NAME | VALDES, FRANK | | 4. 2 NAME | MICHAEL SOFARELLI | |
| STREET ADDRESS | 114 11TH AVENUE | | 4.3 STREET ADDRESS | 2226 WILLOW BROOK DR. | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 4.4 CITY-ST-ZIP | CLEARWATER, FL 33764 | |
| TITLE | SD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BROWN, HOWARD | | 5.2 NAME | | |
| STREET ADDRESS | 11145 7TH ST. E. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TREASURE ISLAND FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Everett C. Chandler Jr. SIGNATURE REQUIRED EVERETT C. CHANDLER, JR 4-21-99 813-996-6094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)