2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State
01-29-2003 90134 004 ****61.25

DOCUMENT # 717547

1. Entity Name
THE SUNCOAST CRUISE CLUB, INC.

90012247

Principal Place of Business	Mailing Address
E. CHANDLER 22547 S. SHARE DR. LAND O'LAKES FL 34639 US	E. CHANDLER 22547 S. SHARE DR. LAND O'LAKES FL 34639 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2226 Willowbrook Dr Suite, Apt. #, etc.	2226 Willowbrook DR Suite, Apt. #, etc.
City & State: Clw FL.	City & State: Clw FL.
Zip: 33764 Country: USA	Zip: 33764 Country: USA

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

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

6. Name and Address of Current Registered Agent

CHANDLER, E.
22547 S. SHORE DR.
LAND O'LAKES FL 34639

7. Name and Address of New Registered Agent

Name: BARBARA SOFARELLI'
Street Address (P.O. Box Number is Not Acceptable): 2226 Willowbrook DR
City: CLEARWATER FL Zip Code: 33764

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Barbara Sofarelli' BARBARA SOFARELLI' 1/10/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHANDLER, EVERETT C JR. 22547 S. SHORE DR. LAND O LAKES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DUFFIN, SHANNON 24 ISLAND DRIVE TREASURE ISLAND FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOFARELL, BARBARA 2226 WILLOW BROOK DR CLEARWATER FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, WILLIAM 500 TRESAURE ISL, #105 TREASURE ISLAND FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, JUDY A 11145 7TH ST E TREASURE ISLAND FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAMES DOLLAR 5647 BAYVIEW DR SEMINOLE, FL. 33772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: [illegible] 1/10/03 727 688-6263