

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718972

1. Entity Name

SUNCOAST ALPINE SKI CLUB, INC.

Principal Place of Business

7015 ARMENIA AVE N
TAMPA FL 33604
US

Mailing Address

PO BOX 25144
TAMPA FL 33622-5144
US

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

59-1710097

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

BAY AREA ACCOUNTING-PHILLIP REID-CPA
7015 ARMENIA AVE N
TAMPA FL 33604

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 D ☐ Delete
NAME BROWN, HARRY
STREET ADDRESS 4021 PRIORY CR.
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME NELSON, BARBARA
STREET ADDRESS 4009 PRIORY CIRCLE
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME HUTTO, DON
STREET ADDRESS 4427 E KEYSHINE RD
CITY-ST-ZIP LITHIA FL 33547

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME KOBIN, GREG
STREET ADDRESS 1435 MILLSTREAM LANE #205
CITY-ST-ZIP DUNEDIN FL 34698

TITLE VD ☐ Change ☒ Addition
NAME DRANK WALTER, MICHAEL
STREET ADDRESS 13724 JOHN CASSON AVE
CITY-ST-ZIP HUDSON, FL 34667

TITLE SD ☐ Delete
NAME ENLOW, GAIL
STREET ADDRESS 8324 PARKWOOD BLVD
CITY-ST-ZIP SEMINOLE FL 33777

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME CLERTON, CHEYL
STREET ADDRESS 6887 CIRCLECREEK DR
CITY-ST-ZIP PINEBLISS PARK, FL 33781-4805

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/2000 (813) 961-0687
Date Daytime Phone #

CR2:037 (3/96)