

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

05-01-2003 91001005 ***** 25
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DOCUMENT # 718972

1. Entity Name
SUNCOAST ALPINE SKI CLUB, INC.



FILED

03 JUN 24 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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 Suite, Apt. #, etc.		3. Mailing Address 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	
8. Name and Address of Current Registered Agent BAY AREA ACCOUNTING-PHILLIP REID-CPA 7015 ARMENIA AVE N TAMPA FL 33604		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. * Jerry gave permission to add S. S. P. titles.			
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 Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO SMITH, JAMES 1104 SAMY DR. TAMPA FL 33613 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 10 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRANKWALTER, MICHAEL 13724 JOHN CASSON AVE HUDSON FL 34687 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT 10 ☐ Change ☒ Addition BILLY MCPHILLIPS 316 N. INVERNESS TEMPLE TERRACE FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARL, TERRY 4416 W. IDLEWILD TAMPA FL 33614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER 10 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLEATON, CHERYL 6887 CIRLCECREEK DR PINELLAS PARK FL 33781-4805 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY 10 ☐ Change ☒ Addition BRIAN MASON 18005 CLEARLAKE DR. LUTZ FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, ALAN 8341 LMAN DRIVE NEW PORT RICHEY FL 34853 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 an other like empowered.			
SIGNATURE: <i>Terry Harl</i>		4-27-03 8862895	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (10/02)