

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90216 005 \*\*\*\*61.25

0074877

**DOCUMENT # 762677**

Entity Name

**SUNSHINE REGION OF THE ANTIQUE AUTOMOBILE CLUB O**

Principal Place of Business

Mailing Address

9325 FRUITLAND AVE  
 ENGLEWOOD FL 34224  
 US

9325 FRUITLAND AVE  
 ENGLEWOOD FL 34224  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2356543**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ETEL, DAVE**  
**9325 FRUITLAND AVE**  
**ENGLEWOOD FL 34224**

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  *7/13/01*  
 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>THOMAS, TIM</b><br><b>600 SUFFOLK CIR</b><br><b>NOKOMIS FL 34275</b>        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>SLIGHT, ARNOLD</b><br><b>1197 LARCHMONT DR</b><br><b>ENGLEWOOD FL 34233</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>FLYNN, JACKIE</b><br><b>5608 AFTON PL</b><br><b>SARASOTA FL 34234</b>       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>ETEL, DAVE</b><br><b>9325 FRUITLAND AVE</b><br><b>ENGLEWOOD FL 34224</b>    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>THORPE, ARDIS</b><br><b>4979 HUBNER CIR</b><br><b>SARASOTA FL 34241</b>    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>BARASCH, BOB</b><br><b>570 SILK OAK DR</b><br><b>VENICE FL 34293</b>        | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>Arnold Berns</b><br><b>P.O. Box 20589</b><br><b>Sarasota FL 34276</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>Isobel Ralch</b><br><b>1839 Boyle St</b><br><b>Sarasota FL 34225</b>     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP</b><br><b>Jerry Shapiro</b><br><b>3644 Pin Oak St</b><br><b>Sarasota FL 34232</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:  *7/13/01* **941.521.5857**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE