

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90059 031 ****61.25

UBR5627

DOCUMENT # 762677

1. Entity Name

SUNSHINE REGION OF THE ANTIQUE AUTOMOBILE CLUB OF AMERICA, INC.

Principal Place of Business

9325 FRUITLAND AVE
 ENGLEWOOD FL 34224
 US

Mailing Address

9325 FRUITLAND AVE
 ENGLEWOOD FL 34224
 US

2. Principal Place of Business

4419 DIAMOND CIRCLE W.
 Suite, Apt. #, etc.

3. Mailing Address

4419 DIAMOND CIRCLE W.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL 3

City & State

SARASOTA FL

4. FEI Number

59-2356543

Applied For

Not Applicable

Zip

34233

Country

SARASOTA

Zip

34273

Country

SARASOTA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ETEL, DAVE
 9325 FRUITLAND AVE
 ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name: PAVONCELLO, MARC
 Street Address (P.O. Box Number is Not Acceptable): 4419 DIAMOND CIRCLE WEST
 City: SARASOTA FL Zip Code: 34293

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: *Marc Pavoncello* / MARC PAVONCELLO, TREASURER DATE: 2-23-02

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BERNS, ARNOLD	
STREET ADDRESS	PO BOX 20584	
CITY-ST-ZIP	SARASOTA FL 34276	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLIGHT, ARNOLD	
STREET ADDRESS	1197 LARCHMONT DR	
CITY-ST-ZIP	ENGLEWOOD FL 34233	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RACCH, ISABEL	
STREET ADDRESS	1839 BOYCE ST	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	T	<input type="checkbox"/> Delete
NAME	ETEL, DAVE	
STREET ADDRESS	9325 FRUITLAND AVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRO, JERRY	
STREET ADDRESS	3644 PIN OAK ST	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARASCH, BOB	
STREET ADDRESS	570 SILK OAK DR	
CITY-ST-ZIP	VENICE FL 34293	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REES, JUD	
STREET ADDRESS	8945 WILD DUNES DR	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, GENE	
STREET ADDRESS	5273 TURTLE CREEK LN.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORP... LORRAINE	
STREET ADDRESS	1524 PALMWOOD DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAVONCELLO, MARC	
STREET ADDRESS	4419 DIAMOND CIRCLE WEST	
CITY-ST-ZIP	SARASOTA FL 34293	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERTELI, DAVE	
STREET ADDRESS	9325 FRUITLAND AVE	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EAKIN, ROBERT	
STREET ADDRESS	8975 MISTY CREEK DR	
CITY-ST-ZIP	SARASOTA FL 34241	

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: *Marc Pavoncello* / MARC PAVONCELLO, TREASURER DATE: 2-23-02 / 941 9221531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)