

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

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90123 005 ****61.25

0057346

DOCUMENT # 762677

1. Entity Name

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



Principal Place of Business

4419 DIAMOND CIRCLE W.
SARASOTA FL 34233
US

Mailing Address

4419 DIAMOND CIRCLE W.
SARASOTA FL 34233
US

2. Principal Place of Business

3644 PINDAK Street
Suite, Apt. #, etc.

3. Mailing Address

3644 PINDAK Street
Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

59-2356543

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

PAVONCELLO, MARC
4419 DIAMOND CIRCLE WEST
SARASOTA FL 34293

7. Name and Address of New Registered Agent

Name **GERALD SHAPIRO**

Street Address (P.O. Box Number is Not Acceptable)

3644 PINDAK Street

City **SARASOTA**

FL

Zip Code

34232

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

Gerald Shapiro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-4-03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD ORR	
STREET ADDRESS	1514 PALM WOOD DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	S-DC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EINDA KOCH	
STREET ADDRESS	4911 Old Leaf Dr	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALD SHAPIRO	
STREET ADDRESS	3644 PINDAK STREET	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB TUNE	
STREET ADDRESS	3830 Maple Circle	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIM GREENWALD	
STREET ADDRESS	1569 MID OCEAN CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34232	

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: *Gerald Shapiro* **GERALD SHAPIRO Treas.** 03-04-03 941 365 3754

CR2E037 (10/02)