

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90267 043 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N27039
1. Entity Name
SUNCOAST OFFSHORE RACING ASSOCIATION, INC.

Principal Place of Business		Mailing Address	
5824 BEE RIDGE RD STE 190 SARASOTA FL 34233		5824 BEE RIDGE RD STE 190 SARASOTA FL 34233-5065	
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 **65-0053577** 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
WOODS, RENEE S 5824 BEE RIDGE RD STE 190 ← <i>PMB 190</i> SARASOTA FL 34233	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 *Renée S. Woods* **RENÉE S. WOODS TREASURER** *4/25/00*
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, DONALD A., II	NAME	
STREET ADDRESS	534 BAY OAKS DR	STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, KEVIN	NAME	
STREET ADDRESS	799 TROPICAL CIR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CD NICANDRI, LUCY	NAME	
STREET ADDRESS	4473 MC INTOSH PK DR #813	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD WOODS, RENEE S.	NAME	
STREET ADDRESS	4446 SANDNER DR.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD HORNER, PATRICIA	NAME	
STREET ADDRESS	1600 ANCHORAGE ST	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ALLEN, DAVID S JR.	NAME	
STREET ADDRESS	5244 SIESTA COVE DR.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	CITY-ST-ZIP	

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: *Renée S. Woods* **RENÉE S. WOODS TREAS.** *4/25/00* *941-378-3399*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)