

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90089 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N27039**

1. Entity Name

**SUNCOAST OFFSHORE RACING ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**8466 N LOCKWOOD RIDGE RD  
PMB 333  
SARASOTA FL 34243**

**8466 N LOCKWOOD RIDGE RD  
PMB 333  
SARASOTA FL 34243**

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  
8466 N LOCKWOOD RIDGE RD  
PMB 333  
SARASOTA FL 34243**

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.

**DISREGARD** **ERROR**  
SIGNATURE *Renée S. Woods* *RENEE S. WOODS, Treasurer* *4-26-02*  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FISHER, DONALD A., II</b>	
STREET ADDRESS	<b>534 BAY OAKS DR</b>	
CITY-ST-ZIP	<b>OSPREY FL 34229</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>LUKOWSKY, JEFF</b>	
STREET ADDRESS	<b>3618 ABERDEEN DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>NICANDRI, LUCY</b>	
STREET ADDRESS	<b>4473 MC INTOSH PK DR #813</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WOODS, RENEE S</b>	
STREET ADDRESS	<b>4446 SANDNER DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HORNER, PATRICIA</b>	
STREET ADDRESS	<b>1600 ANCHORAGE ST</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, DAVID S JR.</b>	
STREET ADDRESS	<b>5244 SIESTA COVE DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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* *RENEE S. WOODS, TREASURER* *4/26/02* *941-907-1191*  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)