

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

FILED
May 01, 2003 8:00 am
Secretary of State

0058493

05-01-2003 90308 023 ****61.25

DOCUMENT # N27039

1. Entity Name

SUNCOAST OFFSHORE RACING ASSOCIATION, INC.



Principal Place of Business

8466 N LOCKWOOD RIDGE RD
PMB 333
SARASOTA FL 34243

Mailing Address

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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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		
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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ALLEY, RICK	
STREET ADDRESS	2832 BAY ST	
CITY-ST-ZIP	SARASOTA FL 34237	

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: *Renee S. Woods* **RENEE S. WOODS, TREASURER** 4/27/03 941-907-1191

CR2E037 (10/02)