

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90035 043 \*\*\*\*61.25

**DOCUMENT # N93000000562**

1. Entity Name

**SOUTHERN REGION SHOW SKI ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**19100 FORREST DR  
 ODESSA FL 33556  
 US**

**19100 FORREST DR  
 ODESSA FL 33556-4209  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3173419**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOUT, GARRY  
 19100 FORREST DR  
 ODESSA FL 33556**

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 \_\_\_\_\_

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  Delete  
 NAME **PD SCHWENK, DOUG**  
 STREET ADDRESS **1091 TARA VISTA DR.**  
 CITY-ST-ZIP **SARASOTA FL 34232**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD KRANENDONK, JIM**  
 STREET ADDRESS **3180 LAKE SAXON DR**  
 CITY-ST-ZIP **LAND O'LAKE FL**

Change  Addition  
 TITLE **VD**  
 NAME **MENG, ANDREW**  
 STREET ADDRESS **8763 BAY POINTE DR.**  
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE  Delete  
 NAME **STD STOUT, GARRY**  
 STREET ADDRESS **19100 FORREST DR**  
 CITY-ST-ZIP **ODESSA FL**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition  
 TITLE  
 NAME  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

Change  Addition  
 TITLE  
 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SIGNATURE REQUIRED**

**(813)  
 1-4-2000 878-3929**

CR2F037 (9/99)