

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90118 026 ****61.25

DOCUMENT # N93000000562
 1. Entity Name
SOUTHERN REGION SHOW SKI ASSOCIATION, INC.

Principal Place of Business Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

6375 TOPSY TRAIL **6375 TOPSY TRAIL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

ST. CLOUD, FL **ST CLOUD, FL**

Zip Country Zip Country

34771 **USA** **34771** **USA**

4. FEI Number **59-3173419** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STOUT, GARRY
19100 FORREST DR
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name **TWILA BEYER**
 Street Address (P.O. Box Number is Not Acceptable)
6375 TOPSY TRAIL

City **ST CLOUD** FL Zip Code **34771**

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 **GARRY STOUT** DATE **7-6-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHWENK, DOUG	
STREET ADDRESS	1091 TARA VISTA DR.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MENG, ANDREW	
STREET ADDRESS	8763 BAY POINT DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STOUT, GARRY	
STREET ADDRESS	19100 FORREST DR	
CITY-ST-ZIP	ODESSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN SUMMERS	
STREET ADDRESS	5814 COLONY PLACE COURT	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUG SCHWENK	
STREET ADDRESS	1091 TARA VISTA DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWILA BEYER	
STREET ADDRESS	6375 TOPSY TRAIL	
CITY-ST-ZIP	ST. CLOUD, FL 34771	
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: **GARRY STOUT** DATE **7-6-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)