


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

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90142 005 ****61.25

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



Principal Place of Business
**6375 TOPSY TRAIL
SAINT CLOUD FL 34771
US**

Mailing Address
**6375 TOPSY TRAIL
SAINT CLOUD FL 34771
US**

2. Principal Place of Business
**19100 FORREST DR
SUITE, APT. #, ETC.
ODESSA FL
CITY & STATE**

3. Mailing Address
**19100 FORREST DR.
SUITE, APT. #, ETC.
ODESSA, FL
CITY & STATE**



CHECK HERE IF MAKING CHANGES

Zip **33556** Country **USA** Zip **33556** Country **USA**

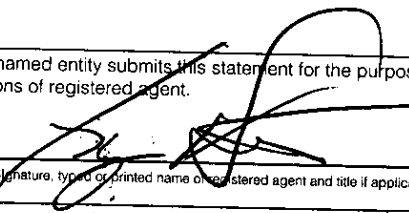
4. FEI Number **59-3173419** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**BEYER, TWILA
6375 TOPSY TRAIL
SAINT CLOUD FL 34771**

7. Name and Address of New Registered Agent
Name **GARRY V. STOUT**
Street Address (P.O. Box Number is Not Acceptable)
19100 FORREST DR
City **ODESSA** FL **33556**

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  (NOTE: Registered Agent signature required when reinstating) DATE **2/21/03**

FILE NOW: FEE (\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUMMERS, JOHN 5814 COLONY PLACE COURT LAKELAND FL 33813	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWENK, DOUG 1091 TARA VISTA DRIVE SARASOTA FL 34232	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEYER, TWILA 6375 TOPSY TRAIL SAINT CLOUD FL 34771	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, ROGER 4656 E. LAKE CIRCLE SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLAIS, PAUL 329 SEMINOLA BLVD. CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STOUT, GARRY V. 19100 FORREST DR ODESSA FL 33556	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 V. STOUT SEC/TREAS** 913-878-3929 2/21/03

CR2E037 (10/02)