

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001757

1. Entity Name

SPRING HILL MUSCLE CAR CLUB OF FLORIDA, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90085 020 ****61.25

Principal Place of Business

Mailing Address

4287 BELLEAIRE DR
 SPRING HILL FL 34607
 US

4287 BELLEAIRE DR
 SPRING HILL FL 34607-3202
 US

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

59-3277572

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

NICOLAI, JOE
 4287 BELLEAIRE DR
 SPRING HILL FL 34607

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 DP
 STREET ADDRESS PATERMITI, FRANK
 CITY-ST-ZIP 3401 CULBREATH RD
 BROOKSVILLE FL 34601

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME DT
 STREET ADDRESS NICOLAI, JOE
 CITY-ST-ZIP 4287 BELLEAIRE DR
 SPRING HILL FL 34607

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME DV
 STREET ADDRESS KNOWLTON, STEVE
 CITY-ST-ZIP 4281 BISCAYNE DR
 SPRING HILL FL 34607

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME DVP
 STREET ADDRESS KUROWSKI, JOE
 CITY-ST-ZIP 9402 LORANDALE CT.
 SPRING HILL FL 34608

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

JOE NICOLAI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00

(352) 797-7020

x. 245