

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

DOCUMENT # 735266

1. Entity Name

MERCEDES-BENZ CLUB OF AMERICA, SUNCOAST SECTION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5020 MAHOGANY RUN AVE.

3. Mailing Address

5020 MAHOGANY RUN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34241

Country

USA

Zip

34241

Country

USA

4. FEI Number

65-0053015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

REINSTATEMENT

2001-2002

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CONNIE BELMONT**

Street Address (P.O. Box Number is Not Acceptable)
5020 MAHOGANY RUN AVENUE

City **SARASOTA**

FL

Zip Code
34241

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 **CONNIE BELMONT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JANUARY 29, 2002

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT, DIRECTOR
CHRISTOPHER WIKOFF
542 OLD ALBEE FARM ROAD
NOKOMIS, FLORIDA 34275**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
CONNIE BELMONT
5020 MAHOGANY RUN AVE
SARASOTA, FLORIDA 34241**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TREASURER, DIRECTOR
STEPHEN M. MUSCO
4717 MEADOWVIEW CIRCLE
SARASOTA, FLORIDA 34233**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **CONNIE BELMONT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**941-923-6266
JANUARY 29, 2002**

Date Daytime Phone #

08/31/01 90/12/01 037 #6125
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2037B (12/01)