

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

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90056 030 ****61.25

DOCUMENT # 736399

1. Entity Name

COQUINA KEY CRUISING ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3980 COQUINA KEY DR. SE

Suite, Apt. #, etc.

3. Mailing Address

3980 COQUINA KEY DR. SE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St Petersburg FL

City & State

St Petersburg FL

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

33705

Country

US

Zip

33705

Country

US

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

7. Name and Address of Current Registered Agent

Name

William J. Adams

Street Address (P.O. Box Number is Not Acceptable)

3699 COQUINA KEY DR SE

City

ST Petersburg

FL

Zip Code

33705

**DO NOT WRITE
IN THIS SPACE**

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

William J. Adams

William J. Adams

6/12/02

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

(NOTE: Registered Agent signature required when re-registering)

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

PD
ANN PINNICKI
3700 BEACH DRIVE SE
ST Petersburg, FL 33705

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
STEVEN PINNICKI
3700 BEACH DRIVE SE
ST Petersburg FL 33705

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
William J. Adams
3699 COQUINA KEY DR SE
ST Petersburg, FL 33705

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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

William J. Adams

William J. Adams

6/12/02

727-892-2460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)