

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

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90094 019 \*\*\*\*61.25

0012978

**DOCUMENT # 736399**

1. Entity Name

**COQUINA KEY CRUISING ASSOCIATION, INC.**



Principal Place of Business

**3980 COQUINA KEY DR SE  
ST PETERSBURG FL 33705  
US**

Mailing Address

**3980 COQUINA KEY DR SE  
ST PETERSBURG FL 33705  
US**

2. Principal Place of Business

**3850 Pompano Drive SE**

Suite, Apt. #, etc.

3. Mailing Address

**3850 Pompano DR SE**

Suite, Apt. #, etc.

City & State

**St Petersburg, FLORIDA**

City & State

**St Petersburg, FL**

Zip

**33705**

Country

Zip

**33705**

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, WILLIAMS J  
3699 COQUINA KEY DR SE  
SAINT PETERSBURG FL 33705**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PIVICKI, ANN</b>	
STREET ADDRESS	<b>3700 BEACH DRIVE SE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33705</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PIVICKI, STEVE</b>	
STREET ADDRESS	<b>3700 BEACH DRIVE SE</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33705</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMS, WILLIAM J</b>	
STREET ADDRESS	<b>3699 COQUINA KEY DR SE</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33705</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**SIGNATURE** *William J Adams*

**Aug. 25, 2003**

**727-892-  
2460**

CR2E037 (4/03)