

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005929

1. Entity Name

GULF COAST SATURN CARCLUB, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90009 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6300 PENSACOLA BOULEVARD  
PENSACOLA FL 32505

6300 PENSACOLA BOULEVARD  
PENSACOLA FL 32505-1902

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

59-3410889

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

HAYES, CHARLES R  
8316 TABAID LANE  
PENSACOLA FL 32506

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 **P** ☐ Delete  
NAME HAYES, CHARLES R  
STREET ADDRESS 8316 TABAID LANE  
CITY-ST-ZIP PENSACOLA FL

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME HANNUM, HENRY  
STREET ADDRESS 5513 ROWELL RD  
CITY-ST-ZIP MILTON FL

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

TITLE **S** ☐ Delete  
NAME HAYES, RUTH  
STREET ADDRESS 8316 TABAID LANE  
CITY-ST-ZIP PENSACOLA FL

TITLE **H** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME MCMANAMY, R.E.  
STREET ADDRESS 10110 SUNDAY ROAD  
CITY-ST-ZIP CANTONMENT FL

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

TITLE **H** ☐ Delete  
NAME MCMANAMY, PARMELIE  
STREET ADDRESS 10110 SUNDAY RD.  
CITY-ST-ZIP CANTONMENT FL 32533

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition  
NAME SHECKART, GLENN B  
STREET ADDRESS 3741 CORNERBROOK DR.  
CITY-ST-ZIP PACE, FL 32571

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: *Parmelie J. McManamy* **Parmelie J. McManamy President 850 4784111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1-19-00** Daytime Phone #

CR2E037 (9/99)