

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90006 019 ****61.25

DOCUMENT # F96000005929

1. Entity Name

GULF COAST SATURN CARCLUB, INC.

Principal Place of Business

**6300 PENSACOLA BOULEVARD
PENSACOLA FL 32505**

Mailing Address

**6300 PENSACOLA BOULEVARD
PENSACOLA FL 32505**

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 **Hayes Charles R**
STREET ADDRESS **8316 Tabaid Lane**
CITY-ST-ZIP **Pensacola Fla. 32506**

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 **Hayes Ruth**
STREET ADDRESS **8316 Tabaid Lane**
CITY-ST-ZIP **Pensacola Fla 32506**

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

TITLE **P** ☒ Change ☐ Addition
NAME **Parmelie J. McManamy**
STREET ADDRESS **10110 Sunday Rd**
CITY-ST-ZIP **cantonment Fla 32533**

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

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: *Parmelie J. McManamy* **Parmelie J McManamy 850 478 4081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-16-2001** Daytime Phone #

CR2E037 (10/00)