

2002 UNIFORM BUSINESS REPORT (UBR)

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
NAME HAYES, CHARLES R
STREET ADDRESS 8316 TABAID LANE
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

TITLE Director
NAME Hayes Charles R ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE President
NAME Hannum Henry ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE H
NAME HAYES, RUTH
STREET ADDRESS 8316 TABAID LANE
CITY-ST-ZIP PENSACOLA FL 32506 ☐ Delete

TITLE V.P.
NAME Hayes Ruth ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Shekant
NAME Carole Historia ☐ Change ☒ Addition
STREET ADDRESS 3741 corner brooks Dr.
CITY-ST-ZIP Pace Fla 32571

TITLE P
NAME MCMANAMY, PARMELIE
STREET ADDRESS 10110 SUNDAY ROAD
CITY-ST-ZIP CANTONMENT FL 32533 ☐ Delete

TITLE Treasurer
NAME mcmnamy Parmelie ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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.M. McManamy Treas 1-18-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)