

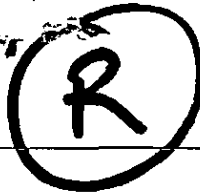
2000 UNIFORM BUSINESS REPORT (UBR)

8/

DOCUMENT # F96000005930

1. Entity Name

SUNCOAST SATURN CARCLUB, INC.



FILED
Sep 01, 2000 8:00 am
Secretary of State

08-21-2000 90210 009 ****61.25

Principal Place of Business

11024 CAUSEWAY BLVD
BRANDON FL 33511

Mailing Address

11024 CAUSEWAY BLVD
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

622 Bryan Terrace Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon Fl.

Zip

Country

Zip

33511

Country

4. FEI Number

59-3410890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOSSING, DAVID
3208 BRYAN RD.
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name

Street Address (R.O.)

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
After September 13, 2000 min. will be \$236.25

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

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | LOSSING, DAVID | |
| STREET ADDRESS | 3208 BRYAN RD. | |
| CITY-ST-ZIP | BRANDON FL | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | SEME, SHELIA | |
| STREET ADDRESS | 34643 SUNWARD LOOP | |
| CITY-ST-ZIP | ZEPHYRHILLS FL 33541 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | CAMPO, CHERYL | |
| STREET ADDRESS | 2003 DUNMONT DRIVE | |
| CITY-ST-ZIP | VALRICO FL 33594 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | MARTINDALE, LOU | |
| STREET ADDRESS | 816 BLACKBERRY LN | |
| CITY-ST-ZIP | BRANDON FL | |
| 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 | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEME, SHELIA | |
| STREET ADDRESS | 34643 Sunward Loop | |
| CITY-ST-ZIP | Zephyrhills Fl. 33541 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bairden, Marsha | |
| STREET ADDRESS | 300 E. Lalmbright | |
| CITY-ST-ZIP | Tampa Fl. 33604 | |
| TITLE | N/A | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Calvert, Edith H. | |
| STREET ADDRESS | 622 Bryan Terrace Dr. | |
| CITY-ST-ZIP | Brandon Fl. 33511 | |
| 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 | | |

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 817, 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 of David Lossing

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-2000 813-681-9510

Date

Daytime Phone #

CR2E037 (5/00)