

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005930

Entity Name

SUNCOAST SATURN CARCLUB, INC.

FILED

Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90070 039 \*\*\*\*61.25

|  |  |
|--|--|
| Principal Place of Business<br>1024 CAUSEWAY BLVD<br>BRANDON FL 33511<br>S | Mailing Address<br>SUNCOAST SATURN CARCLUB<br>107 MORROW CIR<br>BRANDON FL 33510<br>US |
|--|--|



DO NOT WRITE IN THIS SPACE

|                             |         |                     |         |
|-----------------------------|---------|---------------------|---------|
| Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.         |         | Suite, Apt. #, etc. |         |
| City & State                |         | City & State        |         |
| Zip                         | Country | Zip                 | Country |

|  |  |
|--|--|
| 4. FEI Number<br>59-3410890  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br>EPPS, EDWARD M<br>107 MORROW CIRCLE<br>BRANDON FL 33510 |
|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| FL   | Zip Code |

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

| 0. OFFICERS AND DIRECTORS                      |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>EPPS, EDWARD M<br>107 MORROW CIRCLE<br>BRANDON FL 33510<br><input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>EVANS, ALICIA<br>6420 WALTON WAY<br>TAMPA FL 33610<br><input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>SEME, SHEILA<br>34643 SUNWARD LOOP<br>ZEPHYRHILLS FL 33541<br><input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>CALVERT, EDITH<br>622 BRYN TERRACE DRIVE<br>BRANDON FL 33511<br><input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>DARRELL MANNS<br>3825 PARKSIDE DR.<br>VALRICO FL. 33594<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

2. 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:

*Edward M. Epps*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/02 689-3147  
Date Daytime Phone #

CR2E037 (9/01)