

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-23-2001 90027 002 ***150.00

DOCUMENT # J48825

1. Entity Name

STEAMBOAT NORTHWEST, INC.

Principal Place of Business

Mailing Address

37837 MERIDIAN AVE
 SUITE 314
 DADE CITY FL 33525
 US

37837 MERIDIAN AVENUE
 SUITE 314
 DADE CITY FL 33525
 US

701400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

STEAMBOAT NORTHWEST, Inc.

P.O. Box 698

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 698

SAN ANTONIO

City & State

City & State

SAN ANTONIO FLA.

FLA.

4. FEI Number

59-1234322

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

SCHRADER, JEROME G.
37837 MERIDIAN AVE
SUITE 314
DADE CITY FL 33525

Name

G. DOUGLAS FINORA

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 698

34720 PROSPECT ROAD

City

SAN ANTONIO

FL

Zip Code

33576

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

G. Douglas Finora SEC/TREA

1-11-2001

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SCHRADER, JEROME G.	
STREET ADDRESS	37837 MERIDIAN AVE., STE 314	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARKIN, JON	
STREET ADDRESS	P O BOX 1747 NA	
CITY-ST-ZIP	DADE CITY FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KIEFER, A. O.	
STREET ADDRESS	37837 MERIDIAN AVE., STE 314	
CITY-ST-ZIP	DADE CITY FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	VOGEL, JOHN T.	
STREET ADDRESS	37837 MERIDIAN AVE., STE 314	
CITY-ST-ZIP	DADE CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHRADER, THOMAS A.	
STREET ADDRESS	1042 N. CURLEY ST	
CITY-ST-ZIP	SAN ANTONIO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, RANDALL L.	
STREET ADDRESS	37837 MERIDIAN AVE., STE 314	
CITY-ST-ZIP	DADE CITY FL	

TITLE	SEC/TREA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. DOUGLAS FINORA	
STREET ADDRESS	34720 PROSPECT RD P.O. Box 698	
CITY-ST-ZIP	SAN ANTONIO FLA. 33576	
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		
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2001

Date

352-567-2577

Daytime Phone #

CR2E034 (10/00)

0514738