

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K34862

1. Entity Name

PENINSULA MOTOR CLUB, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90207 001 ***661.25

Principal Place of Business

Mailing Address

% ROBERT R. SHARP
1515 N. WESTSHORE BLVD
TAMPA FL 33607

% ROBERT R. SHARP
1515 N. WESTSHORE BLVD
TAMPA FL 33607-4505

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 **59-0475480**

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

SHARP, ROBERT R.
1515 N. WESTSHORE BLVD
TAMPA FL 33607

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

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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS SHARP, ROBERT R.
CITY-ST-ZIP 18710 PEPPER PIKE LANE
LUTZ FL

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

TITLE ☐ Delete
NAME V
STREET ADDRESS O'BRIEN, THOMAS E.
CITY-ST-ZIP 13821 CYPRESS VILLAGE CR
TAMPA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 18002 Richmond Place Drive #917
CITY-ST-ZIP Tampa, FL 33647

TITLE ☐ Delete
NAME TS
STREET ADDRESS TORRENCE, JOHN A.
CITY-ST-ZIP 5016 AVENUE AVIGNON
LUTZ FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

John A. Torrence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Torrence

3/7/00

813-289-5902

Date

Daytime Phone #

CR2E034 (9/99)