


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90244 039 \*\*\*150.00

**DOCUMENT # K34862**

1. Entity Name  
**PENINSULA MOTOR CLUB, INC.**



Principal Place of Business  
**% ROBERT R. SHARP**  
**1515 N. WESTSHORE BLVD**  
**TAMPA FL 33607**

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



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

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**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SHARP, ROBERT R.</b>	
STREET ADDRESS	<b>18710 PEPPER PIKE LANE</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>O'BRIEN, THOMAS E.</b>	
STREET ADDRESS	<b>315 INNER HARBOUR CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete
NAME	<b>POTTS, CINDY</b>	
STREET ADDRESS	<b>709 MARCO DRIVE, NE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33702-2749</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>TOMLIN, JOHN</b>	
STREET ADDRESS	<b>18008 CLEAR LAKE DRIVE</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	
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 11**

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	<b>VT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert A. McKee</b>	
STREET ADDRESS	<b>2916 Cypress Ridge</b>	
CITY-ST-ZIP	<b>Palm Harbor, FL 34684</b>	
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 607, 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:** *Cindy M. Potts* **SIGNATURE REQUIRED** *Cindy M. Potts* **DATE:** *1/9/03* **DAYTIME PHONE #:** *813-89-1459*

CR2E034 (10/02)