

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02499

1. Entity Name

SOUTH HILLSBOROUGH AMATEUR RADIO KLUB, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90108 022 ****61.25

Principal Place of Business

620 GRAN KAYMEN
APOLLO BEACH FL 33572
US

Mailing Address

620 GRAN KAYMEN WAY
APOLLO BEACH FL 33572-2419
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2949791

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PICKERING, ALAN
620 GRAN KAYMEN WAY
APOLLO BEACH FL 33572

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

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	RICCA, BODIE	
STREET ADDRESS	300 FRANCIS DR	
CITY-ST-ZIP	APOLLO BCH FL 33872	
TITLE	SD	<input type="checkbox"/> Delete
NAME	O'BILLY, ED	
STREET ADDRESS	2409 KABCATER DR	
CITY-ST-ZIP	SUN CITY CTR FL 33673	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEBSTER, ALICE C	
STREET ADDRESS	1918 DEL WEBB BLVD WEST	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEANA, RICARDO	
STREET ADDRESS	2612 RIVEREND DRIVE	
CITY-ST-ZIP	RUSKIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRIN, ROBERT	
STREET ADDRESS	412 STEPHENS ROAD	
CITY-ST-ZIP	RUSKIN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PICKERING, ALAN	
STREET ADDRESS	620 GRAN KAYMEN WAY	
CITY-ST-ZIP	APOLLO BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	W/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCA, EDWARD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'REILLY, ED	
STREET ADDRESS	2409 LANCASTER DR.	
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2612 RIVERBEND DRIVE	
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		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN PICKERING 3/28/00 727-821-0666

Date

Daytime Phone #

CR2E037 (9/99)