

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06242

1. Entity Name

GULF COAST SIR SPEEDY OWNERS ASSOCIATION, INC.

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90005 014 ****61.25

Principal Place of Business

EILEEN ROSENZWEIG
C/O SIR SPEEDY, 3939 S TAMiami TR
SARASOTA FL 34231
US

Mailing Address

C/O RICHARD A EVANS, TREASURER
5411 BEAUMONT CTR. BLVD. #760
TAMPA FL 33634
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2474590

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

ROSENZWEIG, EILEEN
C/O SIR SPEEDY
3939C S. TAMiami TRAIL
SARASOTA FL 34231

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ROSENZWEIG, EILEEN
STREET ADDRESS 3939C S. TAMiami TR
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

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

TITLE VD
NAME GOLDMAN, RONNIE
STREET ADDRESS 34050 US 19 N
CITY-ST-ZIP PALM HARBOR FL ☐ Delete

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

TITLE SD
NAME KRANENDONK, JAMES GARY
STREET ADDRESS 5609 E HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

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

TITLE TD
NAME EVANS, RICHARD A
STREET ADDRESS 5411 BEAUMONT CTR. BLVD. #760
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)