2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 27, 2003 8:00 am **Secretary of State** DOCUMENT # N06242 1. Entity Name 01-27-2003 90160 012 ****61.25 GULF COAST SIR SPEEDY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address **60010639** EILEEN ROSENZWEIG C/O RICHARD A EVANS. TREASURER C/O SIR SPEEDY, 3939 S TAMIAMI TR 5411 BEAUMONT CTR. BLVD. #760 TAMPA FL 33634 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address 1020-1 SOUTH COMP 20 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2474590 Not Applicable LAICEZA Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENZWEIG, EILLEEN SOUTH COMBEE RD C/O SIR SPEEDY 3939C S. TAMIAMI TRAIL SARASOTA FL 34231 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. the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD Delete TITLE TITLE ULIAN ROBINS CLOSINS NAME ROSENZWEIG, EILEEN NAME 2020-1 SOUTH COMBO STREET ADDRESS STREET ADDRESS 3939C S. TAMIAMI TR CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 TITLE ☐ Addition TITLE Delete GOLDMAN, RONNIE NAME NAME 34050 US 19 N STREET ADDRESS "STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL CITY-ST-ZIP Addition Delete Change NAME KRANENDONK, JAMES GARY STREET ADDRESS STREET ADDRESS 5609 E HILLSBOROUGH AVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33610** ☐ Delete TITLE Change Addition TITLE EVÁÑS, RICHARD A NAME NAME STREET ADDRESS 5411 BEAUMONT CTR. BLVD. #760 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 bustee 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 attachn brownity an access with all other like empowered.

SIGNATURE

CHAND A. EVANS 1/15/03813-887-3982

FILED