

DOCUMENT # N06738

1. Entity Name

SUNCOAST CORVETTE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 425
CLEARWATER FL 33757P.O. BOX 425
CLEARWATER FL 33757-0425

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

NOT APPLICABLE

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

**BAUER, LINDA
14353 110TH TERR. NO.
LARGO FL 34644**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HEYEN, GREG 6016 HANLY RD TAMPA FL 33634	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD ESTEP, BRIAN 8962 LAKEWOOD DR SEMINOLE FL 33772	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAWDERS, JOHN 9799 119TH WAY N SEMINOLE FL 33772	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HUSTED, KAREN 10787 65TH ST N PINELLAS PARK FL 33782	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESTEP, Brian 8962 Lakewood Dr. Seminole, FL. 33772	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD Husted, Karen 10787 65TH ST. N Pinellas Park, FL. 33782	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Clark, Alan 500 Trinity Lane #2307 St. Petersburg, FL. 33716	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90011 040 ****61.25



DO NOT WRITE IN THIS SPACE

SIGNATURE REQUIRED
Brawders

1-24-2000 727-572-7000