

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35010

1. Entity Name

SUNSHINE STATE ATHLETIC CONFERENCE, INC.

Principal Place of Business

C/O DON LANDRY
7061 GRAND NATIONAL DR. STE. #138
ORLANDO FL 32819
US

Mailing Address

C/O DON LANDRY
7061 GRAND NATIONAL DRIVE #138
ORLANDO FL 32819
US

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 59-0624459

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

LANDRY, DON
7061 GRAND NATIONAL DRIVE
SUITE 138
ORLANDO FL 32819

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

Don Landry

1-16-02

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 ☐ Delete
P REUSCHLING, THOMAS
STREET ADDRESS 111 LAKE HOLLINGSWORTH DR
CITY-ST-ZIP LAKELAND FL 33801-5698

TITLE NAME ☒ Change ☐ Addition
P Dr. Arthur F. Kirk, Jr.
STREET ADDRESS P.O. Box 6665
CITY-ST-ZIP Saint Leo, FL 33574-6665

TITLE NAME ☐ Delete
D COVONE, MIKE
STREET ADDRESS 11300 NE SECOND AVE
CITY-ST-ZIP MIAMI SHORES FL 33161-6695

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

TITLE NAME ☐ Delete
D ROACH, PHIL
STREET ADDRESS 1000 HOLT AVE. - 2730
CITY-ST-ZIP WINTER PARK FL

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

TITLE NAME ☐ Delete
D HARLEY, JIM
STREET ADDRESS PO BOX 12560 N/A
CITY-ST-ZIP ST. PETERSBURG FL

TITLE NAME ☒ Change ☐ Addition
D Lois Webb
STREET ADDRESS 111 Lake Hollingsworth Dr.
CITY-ST-ZIP Lakeland, FL 33801-5698

TITLE NAME ☐ Delete
D JURGENS, BILL
STREET ADDRESS 150 W. UNIVERSITY BLVD.
CITY-ST-ZIP MELBOURNE FL

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

TITLE NAME ☐ Delete
D ROBERTS, MIKE
STREET ADDRESS 111 LAKE HOLLINGSWORTH DR
CITY-ST-ZIP LAKELAND FL 33801-5698

TITLE NAME ☒ Change ☐ Addition
D Fran Reidy
STREET ADDRESS P.O. Box 6665
CITY-ST-ZIP Saint Leo, FL 33574-6665

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:

Don Landry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02 (407) 248-8460
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)