

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

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90082 031 ****61.25

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **KIRK, ARTHUR F DR.**
CITY-ST-ZIP **P.O. BOX 6665
SAINT LEO FL 33574-6665**

TITLE ☐ Change ☐ Addition
NAME **P**
STREET ADDRESS **VAUGHN, RONALD L DR.**
CITY-ST-ZIP **401 WEST KENNEDY BOULEVARD (401)
TAMPA, FL 33606-1490**

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

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

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KIRK, ARTHUR F**
CITY-ST-ZIP **P.O. BOX 6665
SAINT LEO FL 33574-6665**

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **MCCARTHY, JOHN**
CITY-ST-ZIP **3601 NORTH MILITARY TRAIL
BOCA RATON, FL 33431**

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

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

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

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **WEBB, LOIS**
CITY-ST-ZIP **111 LAKE HOLLINGSWORTH DR
LAKELAND FL 33801-5698**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.3(4), Florida Statutes, and I 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**

8-25-03 (401) 248-8460

CR2E037 (4/03)