

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000047

1. Entity Name

SUNSHINE STATE CAMARO CLUB, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90059 016 \*\*\*\*61.25

Principal Place of Business

1325 ST ANDREWS DR  
TAMPA FL 33612  
US

Mailing Address

1325 ST ANDREWS DR  
TAMPA FL 33612-7348  
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

59-3160385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARSHALL, ALAN  
1325 ST ANDREWS DR  
TAMPA FL 33612

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARSHALL, ALAN	
STREET ADDRESS	1325 ST ANDREWS DR	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KEENE, JAMES	
STREET ADDRESS	283 OPENFIELD LOOP	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KEENE, PATRICIA	
STREET ADDRESS	28399 OPENFIELD LOOP	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SNIDER, SARAH	
STREET ADDRESS	730 24TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paraseny, Tom	
STREET ADDRESS	18406 HANCOCK BLUFF RD	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	SP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENE, JAMES	
STREET ADDRESS	283 Openfield Loop	
CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Alan Marshall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-933-2089

CR2E037 (9/99)