

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000000047**

1. Entity Name

SUNSHINE STATE CAMARO CLUB, INC.**FILED****Apr 18, 2002 8:00 am**
Secretary of State

04-18-2002 90447 027 ****61.25

Principal Place of Business

**1325 ST ANDREWS DR
TAMPA FL 33612
US**

Mailing Address

**1325 ST ANDREWS DR
TAMPA FL 33612
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSHALL, ALAN
1325 ST ANDREWS DR
TAMPA FL 33612**

Name

Street Address (P.O. Box Numbers 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

ALAN MARSHALL - PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/02
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 ☐ Delete
NAME **PD**
STREET ADDRESS **MARSHALL, ALAN**
CITY-ST-ZIP **1325 ST ANDREWS DR
TAMPA FL 33612**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VP**
STREET ADDRESS **PANASENY, TOM**
CITY-ST-ZIP **18406 HANCOCK BLUFF ROAD
DADE CITY FL 33523**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD**
STREET ADDRESS **KEENE, PATRICIA**
CITY-ST-ZIP **283 OPENFIELD LOOP
ZEPHYRHILLS FL 33543**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **TD**
STREET ADDRESS **SNIDER, SARAH**
CITY-ST-ZIP **730 24TH AVENUE NORTH
ST. PETERSBURG FL 33704**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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**4/8/02 (813) 932-5396**

CR2E037 (9/01)