

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N93000001150

1. Entity Name

SUN COAST SHAG CLUB, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

04-18-2000 90061 012 ****61.25

Principal Place of Business	Mailing Address
3107 CARLTON ARMS DR APT B TAMPA FL 33614 US	3107 CARLTON ARMS DR APT B TAMPA FL 33614-4165 US

2. Principal Place of Business	3. Mailing Address
124-D LOBLOLLY CT Suite, Apt. #, etc.	124-D LOBLOLLY CT Suite, Apt. #, etc.

City & State	City & State
OLDSMAR FL	OLDSMAR FL
Zip	Zip
34677	34677
Country	Country
USA	USA

4. FEI Number	Applied For
59-3166790	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WADLEY, BILL
3107 CARLTON ARMS DR
APT B
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name: SHERRY McKNIGHT
Street Address (P.O. Box Number is Not Acceptable): 124-D LOBLOLLY COURT
City: OLDSMAR FL Zip Code: 34677

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: SHERRY McKNIGHT, TREASURER *Sherry McKnight* 4/10/00
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	P <input checked="" type="checkbox"/> Delete
NAME	FLOWERS, TERESA
STREET ADDRESS	15931 ELLSWORTH DR
CITY-ST-ZIP	TAMPA FL 33637
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	WADLEY, BILL
STREET ADDRESS	3107-B CARLTON ARMS DR
CITY-ST-ZIP	TAMPA FL 33614
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	SHERRY MCKNIGHT
STREET ADDRESS	124 D LOBLOLLY CT
CITY-ST-ZIP	OLDSMAR FL
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	BRADDOCK, SANDY
STREET ADDRESS	3420 LEMON ST
CITY-ST-ZIP	TAMPA FL
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	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADDOCK, SANDY
STREET ADDRESS	3420 LEMON ST
CITY-ST-ZIP	TAMPA FL 33609
TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKNIGHT, SHERRY
STREET ADDRESS	124-D LOBLOLLY COURT
CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAUGHRITY, ANN
STREET ADDRESS	8330 CIVIC ROAD
CITY-ST-ZIP	TAMPA FL 33615
TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASNIGHT, BEN
STREET ADDRESS	6818 TUTTLE STREET
CITY-ST-ZIP	TAMPA FL 33634
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: *Sherry McKnight* 4/10/00 (813) 974-2926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)