

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001150

1. Entity Name

SUN COAST SHAG CLUB, INC.

FILED

Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90054 034 ****61.25

A0039667



DO NOT WRITE IN THIS SPACE

Principal Place of Business

124-D LOBLOLLY CT.
OLDSMAR FL 34677
US

Mailing Address

124-D LOBLOLLY CT.
OLDSMAR FL 34677
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3166790

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCKNIGHT, SHERRY
124-D LOBLOLLY CT.
OLDSMAR FL 34677

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD
NAME BASNIGHT, BEN ☐ Delete
STREET ADDRESS 6818 TUTTLE ST.
CITY-ST-ZIP TAMPA FL 33634

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

TITLE SD
NAME DAUGHRITY, ANN ☒ Delete
STREET ADDRESS 8330 CIVIC RD.
CITY-ST-ZIP TAMPA FL 33615

TITLE SECRETARY ☒ Change ☐ Addition
NAME RUDOLPH, SALLIE
STREET ADDRESS 114 W. ALVA
CITY-ST-ZIP TAMPA, FL 33603

TITLE TD
NAME SHERRY MCKNIGHT ☐ Delete
STREET ADDRESS 124 D LOBLOLLY CT
CITY-ST-ZIP OLDSMAR FL 34677

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

TITLE PD
NAME BRADDOCK, SANDY ☐ Delete
STREET ADDRESS 3420 LEMON ST
CITY-ST-ZIP TAMPA FL 33609

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: ORIGINATION BY SHERRY MCKNIGHT 3/27/01 (813) 974-2926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)