

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004190

1. Entity Name

SOUTHEASTERN SAILING INDUSTRIES ASSOCIATION, INC

Principal Place of Business

3000 GANDY BLVD
ST PETERSBURG FL 33702

Mailing Address

3000 GANDY BLVD
ST PETERSBURG FL 33702-2021

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

59-3230931

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

RINDA, TOM
1717 MASSACHUSETTS AVENUE N.E.
ST PETERSBURG FL 33701

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	D	<input type="checkbox"/> Delete
NAME	FRISOSKY, RONALD	
STREET ADDRESS	1648 SOUTH LAKESHORE DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MASSEY, EDWARD	
STREET ADDRESS	1015 RIVERSIDE DR	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MORGAN, CHARLES	
STREET ADDRESS	200 2ND AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RINDA, TOM	
STREET ADDRESS	1717 MASSACHUSETTS AVE. N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRENCH, LARRY	
STREET ADDRESS	3000 GANDY BLVD	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORGAN, SALLY	
STREET ADDRESS	200 2ND AVE. SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	

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	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90004 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

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