2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee emchanged, or on an attachment with an address

FILED DOCUMENT # **N96000000002** Jan 14, 2000 8:00 am **Secretary of State** SUNCOAST SKI RANCH, INC. 01-14-2000 90059 008 ****61.25 Principal Place of Business Mailing Address 766 HUDSON AVE 766 HUDSON AVE STE B STE B SARASOTA FL 34236-7739 SARASOTA FL 34236 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0633542 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Street Address (P.O. Box Number is Not Acceptable) SYPULA. PHILIP J 766 HUDSON AVE STE B SARASOTA FL 34236 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61,25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete TITLE TITLE NAME SYPULA, PHILIP J NAME STREET ADDRESS STREET ADDRESS 766 HUDSON AVE STE B CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 ☐ Addition ☐ Change DP Delete TITLE FLACH, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS 7290 26TH CT E CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Change ☐ Addition TITLE DT Delete TITLE NAME Traxler, Lyn NAME STREET ADDRESS STREET ADDRESS 1600 THOMPSON PARKWAY CITY-ST-ZIP CITY-ST-ZIP Sarasota Fl ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SCHWENK, DOUG STREET ADDRESS STREET ADDRESS 1091 TARA VISTA DR. CITY-ST-ZIP CITY-ST-ZIP Sarasota Fl ☐ Delete TITLE ☐ Change ☐ Addition TITLE KILDAHL, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 4430 RIVERWOOD AVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and