

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90126 010 ****61.25

DOCUMENT # N96000000002

1. Entity Name

SUNCOAST SKI RANCH, INC.



Principal Place of Business

**766 HUDSON AVE
STE B
SARASOTA FL 34236
US**

Mailing Address

**766 HUDSON AVE
STE B
SARASOTA FL 34236
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 **65-0633542**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SYPULA, PHILIP J
766 HUDSON AVE STE B
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	DV SYPULA, PHILIP J	<input type="checkbox"/> Delete
STREET ADDRESS	766 HUDSON AVE STE B	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE NAME	DP FLACH, JEFFREY	<input type="checkbox"/> Delete
STREET ADDRESS	7290 26TH CT E	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE NAME	DT TRAXLER, LYN	<input type="checkbox"/> Delete
STREET ADDRESS	1600 THOMPSON PARKWAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	DS SCHWENK, DOUG	<input type="checkbox"/> Delete
STREET ADDRESS	1091 TARA VISTA DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	D KILDAHL, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	4430 RIVERWOOD AVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Director Ken Cowles	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4321 Bent Tree Blvd	
CITY-ST-ZIP	Sarasota Blvd. 34241	

CR2E037 (10/02)

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

1-8-02 941-358-0112