

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90131 031 ****61.25

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DOCUMENT # N96000000879

1. Corporation Name

SUNCOAST LEATHER CLUB, INC.

Principal Place of Business

**10604 GANDY BLVD
ST PETERSBURG FL 33702**

Mailing Address

**P O BOX 2772
ST PETERSBURG FL 33731**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/16/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOLLAR, MICHAEL A
5501 7TH ST S
ST PETERSBURG FL 33705**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Michael A. Tollar

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan 8, 1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **TOLLAR, MICHAEL**
CITY-ST-ZIP **5501 7TH ST SOUTH
ST PETERSBURG FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition

33705

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **WHEAT, JEROME**
CITY-ST-ZIP **200 7TH ST NORTH
SAFETY HARBOUR FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

34695

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **SMART, LARRY**
CITY-ST-ZIP **201 40TH ST N.
ST. PETERSBURG FL 33713**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **WAGER, CLAUDE**
CITY-ST-ZIP **7124 72ND ST NORTH
PINELLAS PARK FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

33781

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **PUCKETT, MICHAEL**
CITY-ST-ZIP **2451 DARTMOUTH AVENUE NORTH
ST PETERSBURG FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

**TODD REBER
4823 B RIVER VISTA LAKE
TAMPA, FL 33617**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul S. Wager*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-99 727-546-9702
Date Daytime Phone #

CR2E037 (11/98)