

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000879

1. Entity 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 33731-2772

2. Principal Place of Business

3000 34th St. S

3. Mailing Address

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

4. FEI Number

NOT APPLICABLE

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

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

7. Name and Address of New Registered Agent

Name J. Jerome Wheat
Street Address (P.O. Box Number is Not Acceptable)
200 7th St. N
City Safety Harbor, FL Zip Code 34695

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOLLAR, MICHAEL	
STREET ADDRESS	5501 7TH ST SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHEAT, JEROME	
STREET ADDRESS	200 7TH ST NORTH	
CITY-ST-ZIP	SAFETY HARBOUR FL 34695	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMART, LARRY	
STREET ADDRESS	201 40TH ST N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WAGER, CLAUDE	
STREET ADDRESS	7124 72ND ST NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input type="checkbox"/> Delete
NAME	REBER, TODD	
STREET ADDRESS	4823 B RIVER VISTA LANE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wheat, Jerome	
STREET ADDRESS	200 7th St. North	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tollar, Michael	
STREET ADDRESS	5501 7th St South	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGER, CLAUDE	
STREET ADDRESS	7124 72nd St. North	
CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REBER, TODD	
STREET ADDRESS	5511 Fishermen Pt. Dr.	
CITY-ST-ZIP	Temple Terrace, FL 33637	
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:

CLAUDE WAGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90029 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)