

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**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90083 008 \*\*\*\*61.25

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**DOCUMENT # N97000001996**

1. Corporation Name

**ST. PETERSBURG HURRICANE CLASSIC FOUNDATION, INC**

Principal Place of Business

C/O MICHAEL D. ALLWEISS, ESQ.  
111 - 2ND AVENUE, N.E., SUITE 620  
ST. PETERSBURG FL 33701

Mailing Address

C/O MICHAEL D. ALLWEISS, ESQ.  
111 - 2ND AVENUE, N.E., SUITE 620  
ST. PETERSBURG FL 33701



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**04/09/1997**

4. FEI Number

**59-3454903**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

ALLWEISS, MICHAEL D ESQ.  
111 - 2ND AVENUE  
SUITE 620  
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALLWEISS, MICHAEL	
STREET ADDRESS	111 2ND AVENUE, STE 620	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LAPRADE, MARK	
STREET ADDRESS	3433 TYRONE BLVD	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KING, GARY	
STREET ADDRESS	645 49TH STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	COOVER, DAVE	
STREET ADDRESS	10925 GULF BLVD	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROSS, ELLIOTT	
STREET ADDRESS	20505 US HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	STROSS, JOHN	
STREET ADDRESS	54 COREY AVENUE	
CITY-ST-ZIP	ST PETE BEACH FL 33706	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2399

127-367-5671

CR2F037 (11/98)