

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001996

1. Entity Name

ST. PETERSBURG HURRICANE CLASSIC FOUNDATION, INC

Principal Place of Business

Mailing Address

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

C/O MICHAEL D. ALLWEISS, ESQ.
111 - 2ND AVENUE, N.E., SUITE 620
ST. PETERSBURG FL 33701-3315

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

59-3454903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME ALLWEISS, MICHAEL
STREET ADDRESS 111 2ND AVENUE, STE 620
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VPD
STREET ADDRESS LAPRADE, MARK
CITY-ST-ZIP 3433 TYRONE BLVD
ST PETERSBURG FL 33710

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VPD
STREET ADDRESS KING, GARY
CITY-ST-ZIP 645 49TH STREET SOUTH
ST PETERSBURG FL 33707

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VPD
STREET ADDRESS COOVER, DAVE
CITY-ST-ZIP 10925 GULF BLVD
TREASURE ISLAND FL 33706

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VPD
STREET ADDRESS ROSS, ELLIOTT
CITY-ST-ZIP 20505 US HIGHWAY 19 NORTH
CLEARWATER FL 33764

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ATD
STREET ADDRESS STROSS, JOHN
CITY-ST-ZIP 54 COREY AVENUE
ST PETE BEACH FL 33706

TITLE ☐ Change ☐ Add
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 the 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 changed, or on an attachment with all other like information.

SIGNATURE: X

SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR

1-10-2000 727-361-56

Date

Daytime Phone #