

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90042 019 ***150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3454903

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

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

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/01 727-821-2722

CR2E037 (10/00)

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