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FILED
Jul 11, 2002 8:00 am
Secretary of State
05-13-2002 90212 004 ****61.25

2002 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

[redacted]

DO NOT WRITE IN THIS SPACE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALLWEISS, MICHAEL 111 2ND AVENUE, STE 620 ST PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LAPRADE, MARK 3433 TYRONE BLVD ST PETERSBURG FL 33710	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KING, GARY 845 49TH STREET SOUTH ST PETERSBURG FL 33707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROSS, ELLIOTT 20505 US HIGHWAY 19 NORTH CLEARWATER FL 33764	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jim Reichert 1865 Brightwaters Blvd NE St. Petersburg, FL 33704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gerry Chastelet PO Box 55300 FL St. Petersburg 33732	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 all other like empowered.

SIGNATURE: MICHAEL D. ALLWEISS SIGNATURE REQUIRED 4/12/02 821-2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #