

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007203

1. Entity Name

BUCCANEER REGION #34 SPORT CAR CLUB OF AMERICA I

Principal Place of Business

6103 DEEPWOOD DR. EAST
JACKSONVILLE FL 32244-3594

Mailing Address

6103 DEEPWOOD DR. EAST
JACKSONVILLE FL 32244-2622

2. Principal Place of Business

6645 Aline Road

Suite, Apt. #, etc.

3. Mailing Address

6645 Aline Rd

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

Country

Zip

Country

32244

DUVAL

32244

DUVAL

6. Name and Address of Current Registered Agent

CRAFT, MARION H
6645 ALINE RD.
JACKSONVILLE FL 32244

4. FEI Number

59-1842323

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Bob Lewis

Street Address (P.O. Box Number is Not Acceptable)

6103 Deepwood Dr East

City

JACKSONVILLE

FL

Zip Code

32244

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 RE
NAME LEWIS, BOB ☒ Delete
STREET ADDRESS 6103 DEEPWOOD DR EAST
CITY-ST-ZIP JAX FL 32244

TITLE ARE
NAME CORBITT, JUDY ☐ Delete
STREET ADDRESS P O, BOX 1116 N/A
CITY-ST-ZIP RINCON GA 31326

TITLE T
NAME FRAZAR, JOE ☐ Delete
STREET ADDRESS 1232 E 52ND ST
CITY-ST-ZIP SAVANNAH GA 31404

TITLE D
NAME CRAFT, HYLER ☒ Delete
STREET ADDRESS 6645 ALINE RD
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE D
NAME HAFF, LARRY ☒ Delete
STREET ADDRESS 4870 TARA WOODS
CITY-ST-ZIP JAX FL 32210

TITLE D
NAME HORN, JOHN ☒ Delete
STREET ADDRESS 1246 ESTATES WAY
CITY-ST-ZIP POOLER GA 31322

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE BOB
NAME C. FRED CLARK ☐ Change ☒ Addition
STREET ADDRESS 7938 JOLLIST DR
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE RE-MARION H. CRAFT
NAME 6645 ALINE RD ☐ Change ☒ Addition
STREET ADDRESS JACKSONVILLE FL 32244

TITLE Bob Lewis
NAME 6103 DEEPWOOD DR, EAST ☐ Change ☒ Addition
STREET ADDRESS JACKSONVILLE FL 32244

TITLE TED
NAME MICHAEL BRINK ☐ Change ☒ Addition
STREET ADDRESS 215 CALLEY RD
CITY-ST-ZIP SAVANNAH GA 31410

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

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:

MARION H. CRAFT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 12, 2000 904 771 4208

Date

Daytime Phone #

CR2E037 (9/99)