

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007203

1. Entity Name

BUCCANEER REGION #34 SPORT CAR CLUB OF AMERICA I ✓

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90191 021 ****70.00

Principal Place of Business

Mailing Address

6645 ALINE RD
JACKSONVILLE FL 322446645 ALINE RD
JACKSONVILLE FL 32244

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

59-1842323

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LEWIS, BOB
6103 DEERWOOD DR EAST
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name

MARION H. CRAFT

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

6645 ALINE ROAD

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

Marion H. Craft

MARION H. CRAFT R.E

1-11-2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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 BOD ☐ Delete
NAME CLARK, C. FRED
STREET ADDRESS 7938 JOLLIET DR
CITY-ST-ZIP JACKSONVILLE FL 32217TITLE ARE ☐ Delete
NAME CORBITT, JUDY
STREET ADDRESS P O BOX 1116 N/A
CITY-ST-ZIP RINCON GA 31326TITLE T ☐ Delete
NAME FRAZAR, JOE
STREET ADDRESS 12321 E 52ND ST
CITY-ST-ZIP SAVANNAH GA 31404TITLE D ☒ Delete
NAME LEWIS, BOB
STREET ADDRESS 6103 DEERWOOD DR E
CITY-ST-ZIP JACKSONVILLE FL 32244TITLE RE ☐ Delete
NAME CRAFT, MARION H.
STREET ADDRESS 6645 ALINE RD
CITY-ST-ZIP JACKSONVILLE FL 32244TITLE D ☐ Delete
NAME MIGCHBRINK, TED
STREET ADDRESS 215 CALLEY RD
CITY-ST-ZIP SAVANNAH GA 31410

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DAVID HOOVER BOD ☐ Change ☒ Addition
NAME 1 HOOVER CREEK RD.
STREET ADDRESS SAVANNAH, GA. 31419
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

1-11-2001

904-771-4208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #