

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007233

1. Entity Name

SUNCOAST BARREL RACERS ASSOC., INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90030 050 ****61.25

Principal Place of Business

2548 GUAVA RD
 DAYTONA BEACH FL 32124

Mailing Address

2548 GUAVA RD
 DAYTONA BEACH FL 32124-6567

2. Principal Place of Business

3922 BRANTFORD Rd.

3. Mailing Address

3922 BRANTFORD Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

New Smyrna Beach, FL

City & State

New Smyrna Beach, FL

4. FEI Number

59-3484949

Applied For

Not Applicable

Zip

32168

Country

Volusia

Zip

32168

Country

Volusia

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIS, DALE
 2548 GUAVA RD
 DAYTONA BEACH FL 32124

7. Name and Address of New Registered Agent

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

TITLE	DV	<input type="checkbox"/> Delete
NAME	HOPE, CAROLYN	
STREET ADDRESS	1246 KENARD ST.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32168	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SOKOL, KATHY	
STREET ADDRESS	3633 PEPPER LANE	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32168	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NAFF, ABBIE	
STREET ADDRESS	1831 RENDY RD.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3922 BRANTFORD Rd	
CITY-ST-ZIP	New Smyrna Bch FL 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carolyn M. Hope* CAROLYN M. HOPE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01

Date

(904) 23-2241

Daytime Phone #

CR2E037 (9/99)