

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007233

1. Entity Name

SUNCOAST BARREL RACERS ASSOC., INC.

Principal Place of Business

3922 BRANTFORD RD
NEW SMYRNA BEACH FL 32169

Mailing Address

3922 BRANTFORD RD
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3484949

Applied For

Not Applicable

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 CAROLYN HOPE
Street Address (P.O. Box Number is Not Acceptable) 3922 BRANTFORD Rd.
City New Smyrna Beach FL Zip Code 32168

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 Carolyn M. Hope CAROLYN M. HOPE 1/8/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) 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	OV	<input checked="" type="checkbox"/> Delete
NAME	HOPE, CAROLYN	
STREET ADDRESS	3922 BRANTFORD RD	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SOKOL, KATHY	
STREET ADDRESS	3833 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	DIRECTOR	<input type="checkbox"/> Delete
NAME	DIANE KEYSER	
STREET ADDRESS	1220 WHISPERING PINE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	MARY MOTT	
STREET ADDRESS	1861 RENDY RD.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	TAMMI PATTIS - DIRECTOR	<input type="checkbox"/> Delete
NAME	TAMMI PATTIS	
STREET ADDRESS	1045 WHISPERING CREEK WAY	
CITY-ST-ZIP	OSTEE, FL 32764	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHANIE ELLIS	
STREET ADDRESS	6506 N. SAMUEL DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYN HOPE	
STREET ADDRESS	3922 BRANTFORD RD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHY SOKOL	
STREET ADDRESS	3833 PEPPER LANE	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBIE NAFF	
STREET ADDRESS	1831 RENDY RD.	
CITY-ST-ZIP	NEW SMYRNA BEACH 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
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 817, 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 1/8/02 (381) 233-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)