FILED
Jul 17, 2002 8:00 am
Secretary of State
05-21-2002 90890 042 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007354

1. Entity Name

SARASOTA CLASSIC CAR MUSEUM, INC.

DO NOT WRITE IN THIS SPACE

97529

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5500 N. TAMIAMI TR.	6500 N. TAMIAMI TR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State: SARASOTA, FL
Zip: 34243 Country: USA	Zip: 34243 Country: USA

4. FEI Number: 65-0896301 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERT W. DARNELL

Street Address (P.O. Box Number is Not Acceptable): 2033 MAIN ST, #400

City: SARASOTA FL Zip Code: 34237

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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	D	TITLE	
NAME	GODBEY, MARTIN	NAME	
STREET ADDRESS	5500 N. TAMIAMI TRAIL	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ADRIENNE VANDERKOY	NAME	
STREET ADDRESS	5500 N. TAMIAMI TR.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34243	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	LEIGH GODBEY	NAME	
STREET ADDRESS	5836 HATHAWAY RD.	STREET ADDRESS	
CITY-ST-ZIP	CANTON, MI 48187-5609	CITY-ST-ZIP	**DO NOT WRITE**
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

4-30-02 941-355-6228