


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90437 025 \*\*\*\*70.00

<b>DOCUMENT # N99000003679</b>					
1. Entity Name <b>SUNCOAST CLASSIC SPORTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1322 DOROTHY DRIVE CLEARWATER, FL 33764</b>			Mailing Address <b>1322 DOROTHY DRIVE CLEARWATER, FL 33764</b>		
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 <b>59-3583407</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



04302004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>VEGHTE, JOHN W JR. 1322 DOROTHY DRIVE CLEARWATER, FL 33764</b>				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VEGHTE, JOHN			NAME	ROBERT LOVE		
STREET ADDRESS	1322 DOROTHY DR			STREET ADDRESS	673 WESTFIELD CT.		
CITY-ST-ZIP	CLEARWATER, FL 33764			CITY-ST-ZIP	DUNEDIN, FL 34698		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VEGHTE, DAVID			NAME	LARRY HILL		
STREET ADDRESS	14336 MOONFLOWER DR			STREET ADDRESS	6004 114 TH AVE N.		
CITY-ST-ZIP	TAMPA, FL 33626			CITY-ST-ZIP	PINELLAS PARK, FL 33782		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETITTA, JOE			NAME			
STREET ADDRESS	6 OAKLEAF CT			STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR, FL 34695			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VEGHTE, RICHARD			NAME			
STREET ADDRESS	1353 DOUGLAS DR			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33756			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** John W. Veghte Jr. **JOHN W. VEGHTE JR.** 4/30/04 727-530-4026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #