

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007078

1. Entity Name

RIDE WITH THE STARS, INC.

Principal Place of Business

Mailing Address

C/O PINELLAS COUNTY SHERIFF'S OFFICE
PO BOX 2500
LARGO FL 33779

C/O PINELLAS COUNTY SHERIFF'S OFFICE
PO BOX 2500
LARGO FL 33779

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINTERS, ELISE K
600 CLEVELAND STREET STE 940
CLEARWATER FL 33755

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME STINER, SCOTT LT
STREET ADDRESS PO BOX 2500
CITY-ST-ZIP LARGO FL 33779

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COATS, JAMES A
STREET ADDRESS PO BOX 2500
CITY-ST-ZIP LARGO FL 33779

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PASHA, MARYANNE
STREET ADDRESS PO BOX 2500
CITY-ST-ZIP LARGO FL 33779

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PLATT, MICHAEL LT.
STREET ADDRESS PO BOX 2500
CITY-ST-ZIP LARGO FL 33779

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME EGNATUK, TINA
STREET ADDRESS PO BOX 2500
CITY-ST-ZIP LARGO FL 33779

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MATTSON, JOSEPHINE
STREET ADDRESS PO BOX 2500
CITY-ST-ZIP LARGO FL 33779

TITLE ☐ 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:

Richard Stiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-02

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90209 010 ****61.25

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DO NOT WRITE IN THIS SPACE