

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90070 032 ****61.25

DOCUMENT # N99000007078

1. Entity Name

RIDE WITH THE STARS, INC.



Principal Place of Business

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

Mailing Address

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

☐ CHECK HERE IF MAKING CHANGES

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME **Jean Kwail**
STREET ADDRESS **P.O. Box 2500**
CITY-ST-ZIP **Largo, FL 33779**

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)