

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90143 029 ***150.00

DOCUMENT # P02000041226

1. Entity Name
INDIAN PASS MANAGEMENT CORP.



Principal Place of Business
**9075 SEMINOLE BLVD.
SEMINOLE FL 33772**

Mailing Address
**9075 SEMINOLE BLVD.
SEMINOLE FL 33772**

2. Principal Place of Business
10813 70th Ave N
Suite, Apt. #, etc.

3. Mailing Address
PO Box 66916
Suite, Apt. #, etc.

City & State
Seminole, FL
Zip
33772
Country

City & State
St. Pete Beach, FL
Zip
33736
Country

4. FEI Number
04-3644647

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CATON, RICHARD P
9075 SEMINOLE BLVD.
SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

Name **KEVAN A. FINCH**
Street Address (P.O. Box Number is Not Acceptable)
10813 70th Ave N
City **Seminole** **FL** Zip Code **33772**

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 **KEVAN A. FINCH, President** **1-28-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FINCH, KEVAN A	
STREET ADDRESS	710 59TH AVENUE	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, RICHARD L	
STREET ADDRESS	13072 106TH AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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 life empowered.

SIGNATURE: **KEVAN A. FINCH** **1-28-03 (727) 397-7699**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)