

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S03162

1. Entity Name

SKYWAY CORVETTE CLUB, INC

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90089 018 ***150.00

Principal Place of Business

Mailing Address

75 RIVER ISLES
BRADENTON FL 34203
US

75 RIVER ISLES
BRADENTON FL 34208-9005
US

2. Principal Place of Business

5405 CREEPING HAMMOCK DR.
Suite, Apt. #, etc.

3. Mailing Address

5405 CREEPING HAMMOCK DR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

4. FEI Number

65-0274734

Applied For

Not Applicable

Zip
34231

Country
45

Zip
34231

Country
45

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROACH, WAYNE
75 RIVER ISLES
BRADENTON FL 34208

7. Name and Address of New Registered Agent

Name
CAROL A. SUTPHIN
Street Address (P.O. Box Number is Not Acceptable)
5405 CREEPING HAMMOCK DR.
City
SARASOTA FL Zip Code
34231

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 CAROL A SUTPHIN TREASURER

2-10-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, DAVE 1215 36TH STREET W. BRADENTON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANT, DON 3246 ROWENA STREET SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROACH, WAYNE 75 RIVER ISLES BRADENTON FL 34208	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice PRESIDENT Dave Palmquist 8752 merion AVE. Sarasota, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Don Grant 3246 Rowena Street Sarasota, Florida 34231	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Carol A. SUTPHIN 5405 CREEPING HAMMOCK DR. Sarasota, Florida 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL A. SUTPHIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2000 941-921-1118
Date Daytime Phone #

CR2E034 (9/99)