

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007203

Entity Name: BUCCANEER REGION, SPORTS CAR CLUB OF AMERICA, INC.**Current Principal Place of Business:**4173 ARCOT CIRCLE
JACKSONVILLE, FL 32210**Current Mailing Address:**1135 ROEBLING ROAD
BLOOMINGDALE, GA 31302 US**FEI Number:** 59-1842323**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DENNIS, BILL
4173 ARCOT CIRCLE
JACKSONVILLE, FL 32210 US*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:** BILL DENNIS

01/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name RONSON, CHRIS H SR.
Address 190 WILLOW POND WAY
City-State-Zip: BRUNSWICK GA 31525-9202

Title DIRECTOR
Name DENNIS, BILL
Address 4173 ARCOT CIRCLE
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name MORGAN, LARRY JOSEPH
Address 92 MOONSTONE CT
City-State-Zip: PORT ORANGE FL 32129

Title DIRECTOR
Name LEWIS, HARVEY
Address 14120 NW 15TH LN
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR
Name HORANSKY, ROBERT J
Address 446 WALTHALL RD
City-State-Zip: JACKSON GA 30233

Title DIRECTOR
Name SCHNEIDER, CHRISTIAN C
Address 10400 SAWPIT ROAD
City-State-Zip: JACKSONVILLE FL 32226

Title REGIONAL EXECUTIVE
Name BREITINGER, KURT
Address 4169 SIGMAN DR
City-State-Zip: MARTINEZ GA 30907

Title DIRECTOR
Name HORANSKY, NICHOLAS PETER
Address 756 COLINA COURT
City-State-Zip: LEXINGTON SC 29073

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KURT BREITINGER

REGIONAL EXECUTIVE

01/10/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DOLES, SHANE
Address	115 LOBLOLLY COURT S
City-State-Zip:	GRAY GA 31032