

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 22, 2000 8:00 am
Secretary of State

05-24-2000 90165 001 ****61.25

DOCUMENT # 717184

1. Entity Name

SUNSHINE CITY CHAPTER NO. 9, INCORPORATED

Handwritten initials/signature

Principal Place of Business

4801 37TH ST. N
 SAINT PETERSBURG FL 33714
 US

Mailing Address

4801 37TH ST. N
 SAINT PETERSBURG FL 33714-2911
 US

2. Principal Place of Business

4801 37th St N.

3. Mailing Address

4801 37th St N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Saint Petersburg Florida

City & State

Saint Petersburg Florida

4. FEI Number

59-6196567

Applied For

Not Applicable

Zip

33714

Country

Pinellas

Zip

33714

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Larry King

**4801 37TH ST N
 ST PETERSBURG FL 33714**

7. Name and Address of New Registered Agent

Name

PAUL BRANESKY

Street Address (P.O. Box Number is Not Acceptable)

4801 37th St N

City

ST PETERSBURG

FL

Zip Code

33714

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

Handwritten signatures of Paul Branesky and Larry King

6-16-2000

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOCELLA, II, JOSEPH J	
STREET ADDRESS	4801 37 ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, WILLIAM L	
STREET ADDRESS	4801 37TH STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDEN, JOHN	
STREET ADDRESS	4801.37TH ST. N.	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, WILLIAM L	
STREET ADDRESS	4801 37TH ST N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANESKY, PAUL	
STREET ADDRESS	4801 37TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE	D	<input type="checkbox"/> Delete
NAME	King Larry	
STREET ADDRESS	4801 37 ST N 33714	
CITY-ST-ZIP	ST PETERSBURG FL 33714	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brockes John	
STREET ADDRESS	4801 37 ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBER ORRIS	
STREET ADDRESS	4801 37th ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, JAMES	
STREET ADDRESS	4804 37th ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING LARRY	
STREET ADDRESS	4801 37th ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 fee empowered.

SIGNATURE:

Handwritten signature of Paul Branesky

5-2-2000

526-9870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #