

**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**

Principal Place of Business      Mailing Address  
 4801 37TH ST. N      4801 37TH ST. N  
 SAINT PETERSBURG FL 33714      SAINT PETERSBURG FL 33714-2911  
 US      US

2. Principal Place of Business      3. Mailing Address  
**4801 37th St N.**      **4801 37th St N.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State I      City & State  
**Saint Petersburg Florida**      -  
 Zip      Country      Zip      Country  
**33714**      **Pinnellas**      -      -

4. FEI Number      Applied For  
**59-6196567**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent  
**Larry King**  
~~WILLIAM ROSEN~~  
**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      *Larry King*      *Paul Branesky*      **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	<b>NOCELLA, II, JOSEPH J</b>	
STREET ADDRESS	<b>4801 37 ST N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33714</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>SCOTT, WILLIAM L</b>	
STREET ADDRESS	<b>4801 37TH STREET NORTH</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33714</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>GOLDEN, JOHN</b>	
STREET ADDRESS	<b>4801.37TH ST. N.</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33714</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>SCOTT, WILLIAM L</b>	
STREET ADDRESS	<b>4801 37TH ST N.</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33714</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BRANESKY, PAUL</b>	
STREET ADDRESS	<b>4801 37TH ST N</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33714</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>King Larry</b>	
STREET ADDRESS	<b>4801 37 ST N      33714</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL <del>33714</del></b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Brockes John</b>	
STREET ADDRESS	<b>4801 37 ST N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33714</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARBER ORRIS</b>	
STREET ADDRESS	<b>4801 37th ST N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33714</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANDREWS, JAMES</b>	
STREET ADDRESS	<b>4804 37th ST N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33714</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KING LARRY</b>	
STREET ADDRESS	<b>4801 37th ST N</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33714</b>	
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:      *Paul Branesky*      **5-2-2000**      **526-9870**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #