

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90460 013 *****61.25

DOCUMENT # 770505

1. Entity Name

NORTH SUNCOAST ESTATE PLANNING COUNCIL, INC.



Principal Place of Business

**2509 CHEVAL DR.
HOLIDAY FL 34690
US**

Mailing Address

**2509 CHEVAL DR.
HOLIDAY FL 34690
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2025998**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAY, MICHAEL V
2509 CHEVAL DR.
HOLIDAY FL 34690**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TDD	<input type="checkbox"/> Delete
NAME	MAY, MICHAEL L	
STREET ADDRESS	2509 CHEVAL DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, TOM	
STREET ADDRESS	5332 MAIN ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALTMAN, ROBERT N	
STREET ADDRESS	5628 MAIN ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	S	<input type="checkbox"/> Delete
NAME	ATHANASSIE, STEVEN	
STREET ADDRESS	5328 TROUBLE CREEK RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAM R DEMERS	
STREET ADDRESS	8211 S.R. 52	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TDD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, MICHAEL V.	
STREET ADDRESS	2509 CHEVAL DR	
CITY-ST-ZIP	HOLIDAY, FL 34690-3867	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTMAN, ROBERT N	
STREET ADDRESS	5628 MAIN ST	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATHANASSIE, STEVE	
STREET ADDRESS	5328 TROUBLE CREEK RD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
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 like empowered.

SIGNATURE: **Michael V. May** TREASURER, Dir **4/22/03 727-934-0853**

CR2E037 (10/02)