

03 SEP -5 AM 8:25

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

DOCUMENT # N12680			
1. Entity Name SUNCOAST HARVEST CENTER, INC.			
Principal Place of Business 7259 N TAMPAI TRAIL SARASOTA, FL 34243		Mailing Address 7259 N TAMPAI TRAIL SARASOTA, FL 34243	
2. Principal Place of Business 1300 17th AVE. W. Suite, Apt. #, etc.		3. Mailing Address 1300 17th AVE. W. Suite, Apt. #, etc.	
City & State Bradenton FL		City & State BRADENTON FL	
Zip 34205		Zip 34205	
Country MANATEE		Country MANATEE	
4. FEI Number 59-2611718		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DYSON, TIMOTHY J 7259 N TAMPAI TRAIL SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name TIMOTHY J. DYSON Street Address (P.O. Box Number is Not Acceptable) 1300 17th AVE. W. City BRADENTON FL 34205	
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 Timothy J. Dyson - Timothy J. Dyson / PRESIDENT		DATE 9/3/03	
FILE KNOW: FEE IS \$61.25 FOR FILING THIS REPORT (UBR)		B. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD DYSON, TIMOTHY J 1300 17TH AVENUE WEST BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP T WILLIAMS, JAMES A SR 8485 N LOCKWOOD RIDGE RD PMB 167 SARASOTA, FL 34243		TITLE NAME STREET ADDRESS CITY-ST-ZIP TREASURER JAMES A WILLIAMS SR. 5124 18th LN. E. BRADENTON, FL 34203 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD DYSON, SHERRI D 1300 17TH AVENUE WEST BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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: James A. Williams Sr.		DATE 9/3/03 941-7690258	

CRP037 (10/02)