

2001 UNIFORM BUSINESS REPORT (UBR)

2/8/

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-08-2001 90020 002 ****71.00

DOCUMENT # N22498
 1. Entity Name
SUNCOAST CHAPTER OF THE FLORIDA ASSOCIATION OF M

Principal Place of Business Mailing Address
 7650 S TAMiami TRAIL P O BOX 6477
 3 TALLAHASSEE FL 32314
 SARASOTA FL 34231

2. Principal Place of Business 3. Mailing Address
1978 So. TAMiami TR. Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE 4
 City & State City & State
VENICE FL
 Zip Country Zip Country
34293 SARASOTA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0056318** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WORDELL-SMITH, KAREN
1292 CEDAR CENTER DRIVE
TALLAHASSEE FL 32301

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.

SIGNATURE _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	ELONDON, KAREN 7650 S TAMiami TRAIL #3 SARASOTA FL 34231	TITLE <input checked="" type="checkbox"/> Delete	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Joseph Kowalczyk
STREET ADDRESS		STREET ADDRESS	1978 So. TAMiami TR. #4
CITY-ST-ZIP		CITY-ST-ZIP	VENICE FL 34293
TITLE VP	KOWALCZYK, JOSEPH 322 US HW 41 BYPASS S VENICE FL 34292	TITLE <input type="checkbox"/> Delete	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Cathy Kuecland
STREET ADDRESS		STREET ADDRESS	5605 26th St. W.
CITY-ST-ZIP		CITY-ST-ZIP	BRADENTON, FL. 34207
TITLE S	SWANSON, LISA 1877 NORTHGATE BLVD SARASOTA FL 34234	TITLE <input checked="" type="checkbox"/> Delete	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Jodi Thomas
STREET ADDRESS		STREET ADDRESS	1509 53rd Ave. W.
CITY-ST-ZIP		CITY-ST-ZIP	BRADENTON, FL. 34207
TITLE D	GARNAS, EARL 3665 BEE RIDGE ROAD #110 SARASOTA FL 34233	TITLE <input checked="" type="checkbox"/> Delete	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Mallory Routh
STREET ADDRESS		STREET ADDRESS	1715 STICKNEY Pt. Rd. # C8
CITY-ST-ZIP		CITY-ST-ZIP	SARASOTA FL 34231
TITLE D	MORRISON, HEATHER 8051 N TAMiami TRAIL #25 SARASOTA FL 34243	TITLE <input checked="" type="checkbox"/> Delete	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DARLENE Kowalczyk
STREET ADDRESS		STREET ADDRESS	1978 So. TAMiami TR. #4
CITY-ST-ZIP		CITY-ST-ZIP	VENICE, FL. 34293
TITLE T	ROBINSON, RICHARD 3671 MUIRFIELD DRIVE SARASOTA FL 34238	TITLE <input checked="" type="checkbox"/> Delete	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MIKE McNEELAN
STREET ADDRESS		STREET ADDRESS	1822 ORCHID. ST.
CITY-ST-ZIP		CITY-ST-ZIP	SARASOTA FL. 34239

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: *[Signature]* *[Signature]* *[Signature]* *[Signature]* *[Signature]*
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment
N20478
64729

DIRECTOR
ALISON BELSON
1432 ROOSEVELT DR.
VENICE, FL. 34293

ADDITION