

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90174 002 ****70.00

0006430

DOCUMENT # N22498

1. Entity Name

SUNCOAST CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.

Principal Place of Business

Mailing Address

1978 SO. TAMiami TRAIL
 SUITE 4
 VENICE FL 34293

P O BOX 6477
 TALLAHASSEE FL 32314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0056318

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORDELL-SMITH, KAREN
1292 CEDAR CENTER DRIVE
TALLAHASSEE FL 32301

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **KOWALCEYK, JOSEPH**
 STREET ADDRESS **1978 SO. TAMiami TRAIL**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** Change Addition
 NAME **Kowalczyk, Joseph**
 STREET ADDRESS **1978 So. TAMiami TR.**
 CITY-ST-ZIP **VENICE, FL. 34293**

TITLE **VP** Delete
 NAME **KNEELAND, CATHY**
 STREET ADDRESS **5805 26TH ST. W**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **P** Change Addition
 NAME **Kowalczyk, DARLENE**
 STREET ADDRESS **1978 SO. TAMiami TR.**
 CITY-ST-ZIP **VENICE, FL. 34293**

TITLE **S** Delete
 NAME **THOMAS, JODI**
 STREET ADDRESS **1509 53RD AVENUE W**
 CITY-ST-ZIP **BRADENTON FL 34207**

TITLE **D** Change Addition
 NAME **SHERRY Cugno**
 STREET ADDRESS **4301 32 NO ST. W. #C18**
 CITY-ST-ZIP **BRADENTON, FL. 34205**

TITLE **T** Delete
 NAME **ROUTT, MALLORY**
 STREET ADDRESS **1715 STICKNEY PT. RD. # C8**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VP** Change Addition
 NAME **ROBERT Windom**
 STREET ADDRESS **677 N. WASHINGTON BLD.**
 CITY-ST-ZIP **SARASOTA FL. 34236**

TITLE **D** Delete
 NAME **KOWALCZYK, DARLENE**
 STREET ADDRESS **1978 SO. TAMiami TRAIL #4**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **S** Change Addition
 NAME **DONNA CARDEN**
 STREET ADDRESS **4940 HIDDEN OAKS LANE**
 CITY-ST-ZIP **SARASOTA FL. 34232**

TITLE **D** Delete
 NAME **MCNEELAN, MIKE**
 STREET ADDRESS **1822 ORCHID ST.**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **D** Change Addition
 NAME **SHERRY BRITTON**
 STREET ADDRESS **5422 CARMEN AVE**
 CITY-ST-ZIP **SARASOTA, FL. 34235**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02 941-496-9800

Date Daytime Phone #

CR2E037 (9/01)

Attachment

*Doc # N22498
741949*

D
Alison Belsan
1432 Roosevelt Dr.
Venice, Fl. 34293

D
Jamie Rayburn
6320 15th Street E.
Bradenton, Fl. 34243

D
Sue Roy
1978 So. Tamiami Tr.
Venice, Fl. 34393