

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N35688**

1. Entity Name

SUNCOAST CLASSIC JAZZ, INC.

Principal Place of Business

PO BOX 1945
LARGO FL 33778-1945
US

Mailing Address

PO BOX 1945
LARGO FL 33779-1945
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2986002

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 ☐ Delete
NAME **D**
STREET ADDRESS **LANDMAN, ROBERT G**
CITY-ST-ZIP **3192 WINDMOON DR**
PALM HARBOR FL 34685TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KELLY, LEO**
CITY-ST-ZIP **10265 ULMERTON RD**
LARGO FLTITLE ☐ Delete
NAME **D**
STREET ADDRESS **PATTERSON, BEVERLY**
CITY-ST-ZIP **572 WOODLAND DR**
LARGO FL 33771TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KELLY, MAXINE**
CITY-ST-ZIP **10265 ULMERTON RD.**
LARGO FLTITLE ☐ Delete
NAME **D**
STREET ADDRESS **DECASTRO, AL**
CITY-ST-ZIP **200 FLAMINGO DR**
BELLAIR FL 33756TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WIMPFEN, SHIRLEY**
CITY-ST-ZIP **1915 58TH ST SOUTH**
GULF PORT FL 33707

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90102 006 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)