

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90311 044 \*\*\*\*61.25

DOCUMENT # N00000005647

1. Entity Name

SUNCOAST NEIGHBORHOOD TASK FORCE, INC.

Principal Place of Business

C/O SUNCOAST BAPTIST CHURCH  
 2076 LAUREL LANE  
 N. FT. MYERS FL 33917

Mailing Address

C/O SUNCOAST BAPTIST CHURCH  
 2076 LAUREL LANE  
 N. FT. MYERS FL 33917

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FRI Number

N00000005647

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 D  
 NAME GILLESPE, JAMES  
 STREET ADDRESS C/O SUNCOAST BAPTIST CHURCH  
 CITY-ST-ZIP N. FT. MYERS FL 33917 ☐ Delete

TITLE D  
 NAME SCHLOSSER, TERRI  
 STREET ADDRESS C/O SUNCOAST BAPTIST CHURCH  
 CITY-ST-ZIP N. FT. MYERS FL 33917 ☒ Delete

TITLE DST  
 NAME GILLESPE, SUSAN  
 STREET ADDRESS C/O SUNCOAST BAPTIST CHURCH  
 CITY-ST-ZIP N. FT. MYERS FL 33917 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
 NAME RALPH WILLIAMS  
 STREET ADDRESS C/O SUNCOAST BAPTIST CHURCH  
 CITY-ST-ZIP N. FT. MYERS FL 33917 ☒ Change ☐ Addition

TITLE DS  
 NAME GILLESPE, SUSAN  
 STREET ADDRESS C/O SUNCOAST BAPTIST CHURCH  
 CITY-ST-ZIP N. FT. MYERS FL 33917 ☒ Change ☐ Addition

TITLE DT  
 NAME Domenic Tenaglio  
 STREET ADDRESS C/O Suncoast Baptist Church  
 CITY-ST-ZIP N. FT. MYERS FL 33917 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Ralph Williams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/01

Daytime Phone #

941-543-7744

CR2E037 (10/00)

attachment  
DA#N00000005647

10438

As secretary of the  
Suncoast Neighborhood Task Force  
this is my first time filling  
out this paperwork.

We do not have a FEI No.  
at this time.

I did not receive this letter  
30 days had already passed.  
We will be better informed  
in the future.

Thank you for  
your help and  
understanding  
Susan Gillepie