

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90045 023 ****70.00

DOCUMENT # 715586

1. Entity Name

BIG BROTHERS/BIG SISTERS OF THE SUN COAST, INC.

Principal Place of Business

Mailing Address

**101 W VENICE AVE. #34
 VENICE FL 34285
 US**

**P.O. BOX 177
 VENICE FL 34284
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1361826

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

**HANKS, SUSAN
 101 W VENICE AVE, #34
 VENICE FL 34285**

Name *Hanks, Susan*

Street Address (P.O. Box Number is Not Acceptable)
101 W. Venice Ave. #34

City *Venice* **FL** Zip Code *34285*

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 *Susan Hanks*

1/7/02

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	TD	<input type="checkbox"/> Delete
NAME	HANKS, SUSAN	
STREET ADDRESS	133 S HARBOR DR	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	TATE, JAMES	
STREET ADDRESS	700 US 41 BY PASS N.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARLINGTON, MICHAEL	
STREET ADDRESS	1515 RINGLING BLVD S.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BRANDON, CRISTIE	
STREET ADDRESS	7820 S. HOLIDAY DR. STE. 320	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOY F. MAHLER	
STREET ADDRESS	101 W VENICE AVE, #34	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALDWELL, ANNETTE	
STREET ADDRESS	250 W TAMPA AVE	
CITY-ST-ZIP	VENICE FL 34285	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEGLER, SARI LYNN	
STREET ADDRESS	1521 S. Tamiami Trl. #304	
CITY-ST-ZIP	Venice Florida 34292	
TITLE	C D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARLINGTON, MICHAEL	
STREET ADDRESS	1515 Ringling Blvd. S. Northern Trust	
CITY-ST-ZIP	Sarasota Florida 34236	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDON, SMITH, CRISTIE	
STREET ADDRESS	1138 W. Ballin Drive	
CITY-ST-ZIP	Venice Florida 34293	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Susan Hanks* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

Daytime Phone #

CR2E037 (9/01)