

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716979

1. Entity Name

SUNCOAST ARCHAEOLOGICAL & PALEONTOLOGICAL SOCIET

Principal Place of Business

3901-12TH ST NE  
ST PETERSBURG FL 33703  
US

Mailing Address

3901 12TH ST NE  
ST PETERSBURG FLA 33703-5219  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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	<input type="checkbox"/> Delete
NAME	BALDWIN, LEWIS	
STREET ADDRESS	317 TERRACE DR E	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, ANITA	
STREET ADDRESS	3016-23RD STREET, N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARSHALL, VIVIAN	
STREET ADDRESS	10008 HIGHWAY. 64 E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBINSON, RAYMOND C	
STREET ADDRESS	3901 12TH STREET, NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, SUE	
STREET ADDRESS	5226 23RD AVE S.	
CITY-ST-ZIP	GULFPORT FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KROMBACH, CAROLINE	
STREET ADDRESS	1509 54TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90121 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7067210

Applied For  
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

*Raymond C Robinson*

1-24-2000

898 275