

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
 05-05-2001 90622 001 ***140.00

DOCUMENT # 718545

1. Entity Name

BOYS AND GIRLS CLUBS OF THE SUNCOAST, INC.

Principal Place of Business

5111 66TH STREET, NORTH
 SUITE 200
 ST. PETERSBURG FL 33709
 US

Mailing Address

5111 66TH STREET, NORTH
 SUITE 200
 ST. PETERSBURG FL 33709
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1566799

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

LAVENDER, JR, CARL R
 5111 66TH STREET, NORTH
 SUITE 200
 ST. PETERSBURG FL 33709

Name

CARL LAVENDER, JR.

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 **TD** ☐ Delete
 NAME **LUPACCHINO, JOSEPH A**
 STREET ADDRESS **9275 PARK BLVD**
 CITY-ST-ZIP **SEMINOLE FL 33777**

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

TITLE **VD** ☐ Delete
 NAME **COATS, JAMES F.**
 STREET ADDRESS **10750 ULMERTON RD**
 CITY-ST-ZIP **LARGO FL**

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

TITLE **VD** ☐ Delete
 NAME **ZUROWSKI, TERRY L.**
 STREET ADDRESS **7901 66TH STREET, NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

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

TITLE **VD** ☐ Delete
 NAME **GUARINO, JOHN**
 STREET ADDRESS **424 CENTRAL AVENUE, STE 1000**
 CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **SD** ☐ Delete
 NAME **CASON-KELLY, HUGH ANN**
 STREET ADDRESS **240 SAND KEY ESTATES DR #81**
 CITY-ST-ZIP **CLEARWATER FL 33767**

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

TITLE **PD** ☐ Delete
 NAME **RICARDO, RONALD M**
 STREET ADDRESS **1401 COURT STREET**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ 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

(727) 546-1032

Date

Daytime Phone #

CR2E037 (10/00)