

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90022 037 ****61.25

DOCUMENT # 719453

1. Entity Name

FLORIDA SUNCOAST CHAPTER OF THE 99'S, INC.

Principal Place of Business

6102 93RD ST CIRCLE EAST
BRADENTON FL 34202
US

Mailing Address

6102 93RD ST CIRCLE EAST
BRADENTON FL 34202
US

2. Principal Place of Business

8719 Sunlit Cove Dr NE
Suite, Apt. #, etc.

3. Mailing Address

8719 Sunlit Cove Dr NE
Suite, Apt. #, etc.

City & State

St. Petersburg FLORIDA

Zip
33702

Country
(R) USA

City & State

St. Petersburg FLORIDA

Zip
33702

Country
USA

4. FEI Number

59-1594346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUTRONA, ALICE A
6102 93RD ST CIRCLE EAST
BRADENTON FL 34202

7. Name and Address of New Registered Agent

Name ROBYN J. BURNS

Street Address (P.O. Box Number is Not Acceptable)

8719 SUNLIT COVE DRIVE NE

City St. Petersburg

FL

Zip Code
33702

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 *Robyn J. Burns*

ROBYN J. BURNS

2-11-02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSENBERGER, DENISE 15 METEOR AVE CLEARWATER FL 34625	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BURKLUND, JEANETTE 250 HARBORSIDE DR SAFETY HARBOR FL 34695	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUTRONA, ALICE A 6102 93RD ST CIRCLE E BRADENTON FL 34202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KLINE, ELINOR J PO BOX 511166 PUNTA GORDA FL 33951	☐ 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	SD Nancy Wright 122 HIGHLAND ROAD TARPON SPRINGS, FLORIDA 34689	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARIE GREEN 2240 TERRACE DRIVE N CLEARWATER, FLORIDA 33765	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBYN BURNS PO BOX 17103 clearwater, FL 33762	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BARBARA YENINAS 2023 DOCKSIDE DRIVE VALRICO FLORIDA 33549	☒ 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: *Robyn J. Burns* ROBYN J. BURNS 2-11-02 (727) 576-7335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)