

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727600

1. Entity Name

SUNCOAST REEF ROWDIES, INC.

Principal Place of Business

PO BOX 411
PINELLAS PARK FL 33564-0411

Mailing Address

1997 MICHIGAN AVE NE
ST. PETERSBURG FL 33703-3405
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7278984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, SONIA M
1997 MICHIGAN AVE NE
ST. PETERSBURG FL 33703

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 PD
NAME KISCO, STEVE
STREET ADDRESS 480 139TH AVE E
CITY-ST-ZIP MADERIA BEACH FL ☐ Delete

TITLE VD
NAME HOWE, ANN
STREET ADDRESS 277 NAUTILAS WAY
CITY-ST-ZIP TREASURE ISLAND FL ☒ Delete

TITLE TD
NAME SMITH, SONIA M
STREET ADDRESS 1997 MICHIGAN AVE NE
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

TITLE SD
NAME FREDETTE, PATRICIA
STREET ADDRESS 9263 140TH WAY
CITY-ST-ZIP SEMINOLE FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD
NAME KISCO, RUTH
STREET ADDRESS 480 139TH AVE. E.
CITY-ST-ZIP MADERIA BEACH, FL ☐ Change ☒ Addition

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

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

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

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:

Sonia M. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SONIA M. SMITH

01/17/00

Date

727-522-8276

Daytime Phone #