

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748732

1. Entity Name

INTERNATIONAL HOUSE OF THE SUNCOAST, INCORPORATE

Principal Place of Business

6673 11TH AVENUE NORTH
ST. PETERSBURG FL 33710
US

Mailing Address

6673 11TH AVENUE NORTH
ST. PETERSBURG FL 33710-6105
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

59-2004961

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

GRAUS, GILBERT L.
6673 11TH AVE N.
ST. PETERSBURG FL 33710

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME HENDRICKSON, ALBERT D
STREET ADDRESS 904 CANTERBURY LANE
CITY-ST-ZIP LARGO FL 34640

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

TITLE DV ☐ Delete
NAME SHADID, PETER
STREET ADDRESS 2213 OLD FIELD DR.
CITY-ST-ZIP ORLANDO FL

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

TITLE PD ☐ Delete
NAME GRAUS, GILBERT L
STREET ADDRESS 6673 11TH AVENUE N.
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE SD ☐ Delete
NAME PRICE, ANNE CE
STREET ADDRESS 320 SUNSET DRIVE
CITY-ST-ZIP ST PETERSBURG, FL 0

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

TITLE TD ☐ Delete
NAME DAVIS, PHILIP
STREET ADDRESS 4617-49TH AVENUE, N.
CITY-ST-ZIP ST PETERSBURG, FL 00000

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

TITLE ☐ Delete
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: *Gilbert L. Graus* Gilbert L. GRAUS

Date

Daytime Phone #

5-1-2000 727-347-0637

CR2E037 (9/99)