

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90194 021 ****61.25

DOCUMENT # 753784

1. Entity Name

SUN CITY CENTER GUARDIANSHIP FOUNDATION, INC.

Principal Place of Business

2134 PLATINUM DRIVE
 SUN CITY CENTER FL 33573
 US

Mailing Address

PO BOX 5770
 SUN CITY CENTER FL 33571-5770
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Country

4. FEI Number

59-2032844

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

MARTIN, GEORGE D
2134 PLATINUM DR
SUN CITY CENTER FL 33573

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	DP	<input type="checkbox"/> Delete
NAME	MARTIN, GEORGE D	
STREET ADDRESS	2134 PLATINUM DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KINZIE, DONALD F	
STREET ADDRESS	320-STONEHAM DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	HOSKINS, WILLA P M	
STREET ADDRESS	1504 PEBBLE BEACH BLVD N	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SILK, CHARLES T	
STREET ADDRESS	2105 STERLING GLEN COURT	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHEWS, Robert P	
STREET ADDRESS	2202 HOLKHAM PL	
CITY-ST-ZIP	Sun City Center FL 33573	
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 of Robert P. Mathews

July 30, 2001

813-634-9635

CR2E037 (10/00)