

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90109 048 ****61.25

DOCUMENT # 754789

1. Entity Name

SUNCOAST INTERNATIONAL ADOPTIONS, INC.

Principal Place of Business

Mailing Address

**14277 WALSINGHAM RD.
 LARGO FL 33774
 US**

**P. O. BOX 332
 INDIAN ROCKS BCH. FL 33785-0332
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12651 WALSINGHAM RD.

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C

City & State
LARGO, FLORIDA

City & State

4. FEI Number

59-2039325

Applied For

Not Applicable

Zip
33774

Country
PINELLAS

Zip

Country

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

**PEARCE, JANE A
 2336 SETON LN
 LARGO FL 33774**

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 *Jane A. Pearce* JANE A. PEARCE DIRECTOR 2/17/2000
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, JANE	NAME	
STREET ADDRESS	2336 SETON LANE	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISNAGE, VALERIE	NAME	
STREET ADDRESS	14026 YACHT CLUB BLVD	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPAGEORGE, VICKI	NAME	
STREET ADDRESS	1603 INDIAN ROCKS RD	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, STEPHANIE J	NAME	
STREET ADDRESS	2336 SETON LANE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, RICHARD	NAME	
STREET ADDRESS	14277 WALSINGHAM RD.	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Jane A. Pearce* JANE A. PEARCE 2/17/2000 (727) 596-3135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)