2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760999

1. Entity Name

SUNCOAST CHILDREN'S DREAM FUND, INC.

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90076 019 ****61.25

Principal Place of Business	Mailing Address
33 6TH ST S ST PETERSBURG FL 33701 US	33 6TH ST S ST PETERSBURG FL 33701-4143 US

DO NOT WRITE IN THIS SPACE

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 59-2145821 ☐ 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
LAKE, CYNTHIA A. 33 6TH ST S ST PETERSBURG FL 33701	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WENIGER, CHARLES 400 4TH STREET NORTH ST PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Weniger, Charles 400 4th St. N. St. Petersburg, FL 33701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUDSON, M. THOMAS 880 CARILLON PARKWAY ST PETERSBURG FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Steinbrenner, Joan P.O. Box 6030 Clearwater, FL 33758	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBOSA, CAROL 1751 BRIGHTWATERS BLVD. NE ST PETERSBURG FL 33704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRETT, KIMBERLY 425 15TH AVE. N.E. ST PETERSBURG FL 33704	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Faulk, Debra 100 N. Tampa, Ste. 1350 Tampa, FL 33602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOLMAN, CAROLYN 3015 W. SAN CARLOS ST. TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Holman, Carolyn 3015 W. San Carlos St. Tampa, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCCOLLUM, RICHARD P.O. BOX 2177 (NA) LARGO FL 34649-2177	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P McCollum, Richard 6655 66th St. N. Pinellas Park, FL 33781	☒ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED 4/25/00 727 545-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #