

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760999

1. Entity Name

SUNCOAST CHILDREN'S DREAM FUND, INC.

Principal Place of Business

33 6TH ST S
ST PETERSBURG FL 33701
US

Mailing Address

33 6TH ST S
ST PETERSBURG FL 33701
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

59-2145821

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 D
NAME WENIGER, CHARLES
STREET ADDRESS 400 4TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Delete

TITLE Ed Shedd
NAME 3125 W. Grace St. Suite 210
STREET ADDRESS Tampa, FL 33607 ☐ Change ☐ Addition

TITLE VP
NAME STEINBRENNER, JOAN
STREET ADDRESS P.O. BOX 6030
CITY-ST-ZIP CLEARWATER FL 33758 ☐ Delete

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

TITLE D
NAME BARBOSA, CAROL
STREET ADDRESS 1751 BRIGHTWATERS BLVD. NE
CITY-ST-ZIP ST PETERSBURG FL 33704 ☐ Delete

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

TITLE S
NAME FAULK, DEBRA
STREET ADDRESS 100 NORTH TAMPA SUITE 1350
CITY-ST-ZIP TAMPA FL 33602 ☐ Delete

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

TITLE D
NAME HOLMAN, CAROLYN
STREET ADDRESS 3015 W. SAN CARLOS ST.
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE P
NAME MCCOLLUM, RICHARD
STREET ADDRESS 6655 66 STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 21, 2001

Date

Daytime Phone #

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90656 015 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)