

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90009 050 ****61.25

0080040

DOCUMENT # 766440

1. Entity Name

SUNCOAST YOUTH BASKETBALL ASSOCIATION, INC.

Principal Place of Business

**8300 MASSACHUSETTS AVENUE
 NEW PORT RICHEY FL 34653**

Mailing Address

**8300 MASSACHUSETTS AVENUE
 NEW PORT RICHEY FL 34653**

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

59-2950922

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

**MANSFIELD, DECLAN
 8300 MASSACHUSETTS
 NEW PORT RICHEY FL 34652**

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	P	<input type="checkbox"/> Delete
NAME	CIADELLA, JIM	
STREET ADDRESS	8300 MASSACHUSETTS AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOENIGSFELD, RANDY	
STREET ADDRESS	8300 MASSACHUSETTS AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SURMIN, JOANN	
STREET ADDRESS	8300 MASSACHUSETTS AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASFIELD, DECLAN	
STREET ADDRESS	8300 MASSACHUSETTS AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCKMAN, RICK	
STREET ADDRESS	8300 MASSACHUSETTS AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]

7/30/01

(727) 848-1385

CR2E037 (10/00)