

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90155 002 \*\*\*\*70.00

**DOCUMENT # 766757**

1. Entity Name

**EXCHANGE CENTER OF THE SUNCOAST FOR THE PREVENTI**

00004030



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 2100 62ND AVE N  
 SUITE B  
 ST PETERSBURG FL 33702-7142  
 US

Mailing Address  
 2100 62ND AVE N  
 SUITE B  
 ST PETERSBURG FL 33702-7142  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2297297**

Applied For

Not Applicable

Zip

Country

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

**SANGUINETT, JOHN C**  
**2100 62ND AVE N**  
**SUITE B**  
**ST PETERSBURG FL 33702-7142**

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:**  
**FEES 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	DPP	<input type="checkbox"/> Delete
NAME	BROWN, JAMES	
STREET ADDRESS	6711 15TH AVENUE, N.	
CITY-ST-ZIP	T PETERSBURG FL 33710	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUCAS, JOSEPH	
STREET ADDRESS	1964 MASSACHUSETTS AVENUE, NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MICHAELS, WILLIAM M PHD	
STREET ADDRESS	6215 BAHAMA SHORES DR S	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUMPF, BRYAN	
STREET ADDRESS	2885 38TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANGUINETT, JOHN	
STREET ADDRESS	8267 PARKWOOD BLVD.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DOBBS, ROBERT	
STREET ADDRESS	1515 EDEN ISLE BLVD, NE #17	
CITY-ST-ZIP	ST PETERSBURG FL 33704	

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	DPresident	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michaels, William M, Ph.D	
STREET ADDRESS	6215 Bahama Shores Dr. S.	
CITY-ST-ZIP	St. Petersburg, FL 33705	
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	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dobbs, Robert	
STREET ADDRESS	1515 Eden Isle Blvd, NE, #17	
CITY-ST-ZIP	St. Petersburg, FL 33704	

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:** John Sanguinetti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 7 2000 727 5226465

CR2E037 (9/99)