

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000836

1. Entity Name

SUNCOAST GROUP, INC. OF DELAWARE

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90148 025 \*\*\*150.00

Principal Place of Business

Mailing Address

10400 YELLOW CIRCLE DRIVE  
MINNETONKA MN 55343

10400 YELLOW CIRCLE DRIVE  
MINNETONKA MN 55343-9102

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

41-1824095

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD ☐ Delete  
NAME EUGSTER, JACK  
STREET ADDRESS 10400 YELLOW CIRCLE DR.  
CITY-ST-ZIP MINNETONKA MN

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

TITLE CEO ☐ Delete  
NAME BENSON, KEITH A.  
STREET ADDRESS 10400 YELLOW CIRCLE DR.  
CITY-ST-ZIP MINNETONKA MN

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

TITLE VPT ☐ Delete  
NAME NERMYR, JAMES D  
STREET ADDRESS 10400 YELLOW CIRCLE DR.  
CITY-ST-ZIP MINNETONKA MN

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

TITLE VP ☒ Delete  
NAME BENIKE, ARCHIE L  
STREET ADDRESS 10400 YELLOW CIRCLE DR.  
CITY-ST-ZIP MINNETONKA MN

TITLE VP ☐ Change ☒ Addition  
NAME LARRY A. KURZEKA  
STREET ADDRESS 10400 Yellow Circle Drive  
CITY-ST-ZIP Minnetonka MN

TITLE S ☒ Delete  
NAME RUEHLE, LINDA A  
STREET ADDRESS 10400 YELLOW CIRCLE DR.  
CITY-ST-ZIP MINNETONKA MN

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

TITLE AS ☐ Delete  
NAME HOARD, HEIDI M  
STREET ADDRESS 10400 YELLOW CIRCLE DR.  
CITY-ST-ZIP MINNETONKA MN

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)