

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G20793

1. Entity Name

SUNCOAST PENSION AND BENEFITS GROUP, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90164 032 ***150.00

Principal Place of Business

Mailing Address

13304 WINDING OAK COURT
O BOX 82040
TAMPA FL 33682

13304 WINDING OAK CT.
P O BOX 82040
TAMPA FL 33682-2040
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

59-2250280

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

FEUTZ, JAMES R.
13304 WINDING OAK CT.
TAMPA FL 33612

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	FEUTZ, JAMES R.	13304 WINDING OAK CT.	TAMPA FL	<input type="checkbox"/>
ST	MILLER, NANCY T.	9302 DEER CREEK DRIVE	TAMPA FL	<input type="checkbox"/>
V	ANDUX, FRANCES E	1222 BEACON HILL DRIVE	TAMPA FL	<input type="checkbox"/>
V	CONWAY, FRANCIS M	12315 ASHVILLE DRIVE	TAMPA FL	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: James R. Feutz James R. Feutz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

(813) 932-1211

Daytime Phone #

CR2E034 (9/99)