

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # G20793**1. Entity Name  
**SUNCOAST PENSION AND BENEFITS GROUP, INC.**

Principal Place of Business	Mailing Address
13304 WINDING OAK COURT	13304 WINDING OAK CT.
P O BOX S2040	P O BOX S2040
TAMPA FL	TAMPA FL
33682 US	33682 US

2. Principal Place of Business	3. Mailing Address
320 W. FLETCHER	P. O. BOX S2040

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 107	

City & State	City & State
TAMPA FL	TAMPA FL

Zip	Country	Zip	Country
33612	US	33682	US

4. FEI Number	Applied For
<b>59-2250280</b>	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**FEUTZ, JAMES R.**  
13304 WINDING OAK CT.

**TAMPA FL**  
33612 US

**7. Name and Address of New Registered Agent**

Name
<b>FEUTZ, JAMES R.</b>
Street Address (P.O. Box Number is Not Acceptable)
<b>320 W. FLETCHER AVENUE</b>
<b>SUITE 107</b>
City
<b>TAMPA FL</b>
Zip Code
<b>33612</b>

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	<b>01/10/2001</b>
Signature, typed or printed name of registered agent and title if applicable.	DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	CONWAY FRANCIS M	
STREET ADDRESS	12315 ASHVILLE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANDUX, FRANCES E	
STREET ADDRESS	1222 BEACON HILL DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLER, NANCY T.	
STREET ADDRESS	9302 DEER CREEK DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FEUTZ, JAMES R.	
STREET ADDRESS	13304 WINDING OAK CT.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEUTZ, JAMES R.	
STREET ADDRESS	320 W. FLETCHER AVENUE, SUITE 107	
CITY-ST-ZIP	TAMPA FL 33612	
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		

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**

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01/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)