

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90008 011 \*\*\*150.00

A0030991

DO NOT WRITE IN THIS SPACE

DOCUMENT # H28758

1. Entity Name

Suncoast Ballroom, Incorporated

Principal Place of Business

Mailing Address

Rosetree Plaza #7,8, & 9

7500 Ulmerton Road

Largo, Florida 33771

2. Principal Place of Business

7500 Ulmerton Rd

3. Mailing Address

Suite, Apt. #, etc.

Suites, 7,8 & 9

Suite, Apt. #, etc.

City & State

Largo, Florida

City & State

4. FEI Number

59-2467407

Applied For

Not Applicable

Zip

33771

Country

Pinellas

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Manuel dosSantos  
7360 Ulmerto Road, #21-F  
Largo, Florida 33771

7. Name and Address of New Registered Agent

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, 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 NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manuel dosSantos, PST ☐ Delete  
7500 Ulmerton Road #7,8 & 9  
Largo, Florida 33771

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: *Manuel dos Santos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

3-01-01 727 535 1893