

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K57287

1. Entity Name

SUNCOAST EDUCATIONAL RESOURCES, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90026 010 ***158.75

Principal Place of Business

Mailing Address

C/O GERALD R. RUTTER
2100 GULF VIEW BLVD.
DUNEDIN FL 34698-2101
US

C/O GERALD R. RUTTER
2100 GULF VIEW BLVD.
DUNEDIN FL 34698-2101
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2926078

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

RUTTER, GERALD R.
2100 GULF VIEW BLVD
DUNEDIN FL 34698-2101

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 NAME	PD RUTTER, GERALD	<input type="checkbox"/> Delete
STREET ADDRESS	2100 GULF VIEW BLVD.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE NAME	TS RUTTER, LOISMAE L	<input type="checkbox"/> Delete
STREET ADDRESS	2100 GULF VIEW BLVD	
CITY-ST-ZIP	DUNEDIN FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VP JEFFREY S. RUTTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	209 ARBOR DR. SW.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

3/26/00

Date

727-734-8406

Daytime Phone #

CR2E034 (9/99)