

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K57287**

1. Entity Name
SUNCOAST EDUCATIONAL RESOURCES, INC.

Principal Place of Business
**C/O GERALD R. RUTTER
2100 GULF VIEW BLVD.
DUNEDIN FL 34698-2101
US**

Mailing Address
**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

Zip

Country

Zip

Country

4. FEI Number **59-2926078**

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

**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, 2002 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 **PD** ☐ Delete
NAME **RUTTER, GERALD**
STREET ADDRESS **2100 GULF VIEW BLVD.**
CITY-ST-ZIP **DUNEDIN FL**

TITLE **TS** ☐ Delete
NAME **RUTTER, LOISMAE L**
STREET ADDRESS **2100 GULF VIEW BLVD**
CITY-ST-ZIP **DUNEDIN FL**

TITLE **VP** ☐ Delete
NAME **RUTTER, JEFFREY S**
STREET ADDRESS **209 ARBOR DR W**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

Gerald R. Rutter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD R. RUTTER 03/25/12 727-734-8406
Date Daytime Phone #

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90860 037 ***158.75



DO NOT WRITE IN THIS SPACE

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