

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K57287

1. Entity Name
SUNCOAST EDUCATIONAL RESOURCES, INC.



FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90100 038 ***158.75



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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUTTER, GERALD	
STREET ADDRESS	2100 GULF VIEW BLVD.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	RUTTER, LOISMAE L	
STREET ADDRESS	2100 GULF VIEW BLVD	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUTTER, JEFFREY S	
STREET ADDRESS	209 ARBOR DR W	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Loismae L. Rutter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Loismae L. Rutter 3-19-03
Date Daytime Phone #

727-734-8406

CR2E034 (10/02)