

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L73103

1. Entity Name

SUNCOAST HEALTH CARE CONSULTANTS, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90107 030 ***150.00

Principal Place of Business

Mailing Address

1282 KINGS WAY
TARPON SPRINGS FL 34688
US

1282 KINGS WAY
TARPON SPRINGS FL 34689-7658
US

EFFECTIVE 5/15/00

2. Principal Place of Business

3. Mailing Address

1146 HAGEN DR

1146 HAGEN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW PORT RICHEY

NEW PORT RICHEY

Zip

Country

Zip

Country

34655

US

34655

US

4. FEI Number

59-3013257

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

KEELING, JOHN E
1282 KINGS HWY
TARPON SPRINGS FL 34689

Name

Street Address (P.O. Box Number is Not Acceptable)

1146 HAGEN DR

City

NEW PORT RICHEY

FL

Zip Code

34655

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

JOHN E. KEELING

3/24/00

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 ☐ Delete
NAME P
STREET ADDRESS KEELING, JOHN
CITY-ST-ZIP 1282 KINGS HWY LANE
TARPON SPRING FL 33468

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1146 HAGEN DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ Delete
NAME V
STREET ADDRESS BUSH, JEFF
CITY-ST-ZIP 208 RVE DES LACS
TARPON SPRINGS FL 34685

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

TITLE ☒ Delete
NAME S
STREET ADDRESS MAUCH, ROBERT
CITY-ST-ZIP 3006 ASHLAND TERRACE
CLEARWATER FL 34621

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

TITLE ☐ Delete
NAME T
STREET ADDRESS FATOLITIS, PETER P
CITY-ST-ZIP 2748 INDIAN VILLAGE LANE
PALM HARBOR FL 34684

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JOHN E. KEELING

3/24/00

727-787-6024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)