

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M90206**

1. Entity Name

SUNCOAST ENTERTAINMENT CORP.**FILED**
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90021 035 ***150.00

Principal Place of Business

12995 S. CLEVELAND AVE
145
FT MYERS FL 33907-742
US

Mailing Address

12955 S. CLEVELAND AVE
145
FT MYERS FL 33907-3848
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 **65-0070947**Applied For
Not5. 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

PAULUS, THOMAS J.
6610 JOANNA CR.
FT. MYERS FL 33919

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PAULUS, THOMAS J.
6610 JOANNA CR.
FT. MYERS FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PRENDERGAST, RICHARD
RFD- BOX 4339
LONG GROVE IL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHOFIELD, BILL
4900 N OCEAN BLVD.
FT. LAUDERDALE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐☐ Change ☐☒ Change ☐☐ Change ☐☐ Change ☐☐ Change ☐**15340 Fiddlesticks Blvd.**
Ft. Myers, FL 33912

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

1-5-00

Date

941-936-3414

Daytime Phone #