

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003768

1. Entity Name

SUNCOAST HOUSING AUTHORITY, INC.

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90020 009 \*\*\*\*61.25

Principal Place of Business

11 N JEFFERSON AVE  
 CLEARWATER FL 33755

Mailing Address

11 N JEFFERSON AVE  
 CLEARWATER FL 33755

2. Principal Place of Business

130 Booth Avenue

3. Mailing Address

130 Booth Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3657689

Applied For

Not Applicable

Zip

33755

Country

Pineellas

Zip

33755

Country

Pineellas

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

LIGGINS, MARTHA A  
 11 N JEFFERSON AVE  
 CLEARWATER FL 33755

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

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS ROCKWOOD, MICHAEL  
 CITY-ST-ZIP 11 N JEFFERSON AVE  
 CLEARWATER FL 33755

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS WEINBERG, RICHARD  
 CITY-ST-ZIP 11 N JEFFERSON AVE  
 CLEARWATER FL 33755

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS OSWALD, VAN  
 CITY-ST-ZIP 11 N JEFFERSON AVE  
 CLEARWATER FL 33755

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 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 617, 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:

SIGNATURE REQUIRED, Director

9/5/01 (727) 562-9545

CR2E037 (5/01)