

1 of 2

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 15 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N0000004711

1. Entity Name

Suncoast Manor Foundation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

80 West Lucerne Circle

Suite, Apt. #, etc.

3. Mailing Address

80 West Lucerne Circle

Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State
Orlando, FL

Zip
32801

Country
USA

Zip
32801

Country
USA

2002 AMENDED

DO NOT WRITE

4. FEI Number 593671288

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Henry Keith

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

80 West Lucerne Circle

City Orlando

FL

Zip Code
32801

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D C. William Hull 80 West Lucerne Circle, Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/AS/D James F. Emerson 80 West Lucerne Circle, Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Henry T. Keith 80 West Lucerne Circle, Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Stephen Dye 80 West Lucerne Circle, Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harry Ferguson 80 West Lucerne Circle, Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Margaret Meador 80 West Lucerne Circle, Orlando, FL 32801

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

600008432476
-10/17/02-01084-017
*****70.00 *****70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James F. Emerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)