

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000005918**

1. Entity Name

THE SUNCOAST NATURISTS, INC.

Principal Place of Business

**220 SORRENTO DR.
OSPREY FL 34229**

Mailing Address

**220 SORRENTO DR.
OSPREY FL 34229**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

OSPREY, FLORIDA

Zip

Country

Zip

Country

34229-1446**USA**

4. FEI Number

65-1038363

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

Name

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

City

FL

Zip Code

**THOMAS, KENNETH W
220 SORRENTO DR.
OSPREY FL 34229**

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**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	D	<input type="checkbox"/> Delete
NAME	THOMAS, KENNETH W	
STREET ADDRESS	220 SORRENTO DR.	
CITY-ST-ZIP	OSPREY FL 34229	

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLENKER, GORDON	
STREET ADDRESS	741 GROVELAND AVE.	
CITY-ST-ZIP	VENICE FL 34292	

TITLE	D	<input type="checkbox"/> Delete
NAME	MAYZY, JEAN	
STREET ADDRESS	3106 HERON SHORES DR.	
CITY-ST-ZIP	VENICE FL 34293	

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

Jan 8, 2001**941-918-8915**

0075118

CR2E037 (10/00)