2002 UNIFORM BUSINESS REPORT (UBR)

Jan 28, 2002 8:00 am **DOCUMENT # N0000005918** Secretary of State 1. Entity Name THE SUNCOAST NATURISTS, INC. 01-28-2002 90016 021 ****61.25 Principal Place of Business Mailing Address 220 SORRENTO DR. PO BOX 1446 OSPREY FL 34229-1446 OSPREY FL 34229 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1038363 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) THOMAS, KENNETH W 220 SORRENTO DR. OSPREY FL 34229 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:25 5 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition TITLE □ Delete THOMAS, KENNETH W NAME NAME 220 SORRENTO DR. STREET ADDRESS STREET ADDRESS OSPREY FL 34229 CITY-ST-ZIP CITY-ST-ZIP Chance Addition Delete TITLE TITLE SCHLENKER, GORDON LYON, ROBERT NAME NAME 741 GROVELAND AVE. STREET ADDRESS STREET ADDRESS 4718 TIVOLI AVE. VENICE FL 34292 CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL. 34235 Addition Change Delete TITLE TITLE Brandhoret, Jane MAYZY, JEAN NAME NAME 3106 HERON SHORES DR. STREET ADDRESS STREET ADDRESS 3346 Yonse Ave. VENICE FL 34293 CITY-ST-ZIP SARASOTA, FL. 34235 CITY-ST-ZIP Addition TITLE Delete TITLE MARTY ROCA, MARTY NAME NAME 900 5 BLUD of PRESIDENTS # 5 STREET ADDRESS STREET ADDRESS SARASOTA, FL. 34236 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE CARRABOTTA, RODALD NAME NAME 13310 53 RO STREET ADDRESS STREET ADDRESS CİTY-ST-ZIP TAMPA, FL 33617 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

1/7/02

941-918-8915

Daytime Phone #

FILED

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