

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

05-10-2001 90214 011 *****61.25

DOCUMENT # N00000007562

1. Entity Name

SUNCOAST BAY AREA PAYROLL ASSOCIATION, INC.

Principal Place of Business

5561 24 TERRACE NORTH
 ST PETERSBURG FL 33710

Mailing Address

P O BOX 3395
 SEMINOLE FL 33775-3395

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

59-3697199

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

D'AMBROSIO, RUTH A
 5561 24 TERRACE NORTH
 ST PETERSBURG FL 33710

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

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 ☐ Delete
 NAME Ruth A. D'Ambrosio CPP D
 STREET ADDRESS 5561 24th TIR NO
 CITY-ST-ZIP St. Petersburg, FL 33710

TITLE ☐ Delete
 NAME VP MARY ANN Rodriguez CPP D
 STREET ADDRESS 3501 Frontage Rd.
 CITY-ST-ZIP Tampa, FL 33607

TITLE ☐ Delete
 NAME S Renee Ayres CPP D
 STREET ADDRESS 100 2nd Ave So Ste 800
 CITY-ST-ZIP St Petersburg, FL 33701

TITLE ☐ Delete
 NAME T Lori Krucki CPP D
 STREET ADDRESS 13127 87th Ave North
 CITY-ST-ZIP Seminole, FL 33776

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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. Ruth A. D'Ambrosio, CPP

SIGNATURE: Ruth A. D'Ambrosio, CPP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

727-824-6686

Daytime Phone #

CR2E037 (10/00)