

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90182 019 *****70.00

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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

12215 BEGIN DR.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 48013

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
RIVERVIEW, FLORIDA

Zip

33569

Country

HILLSBORO

City & State
ST. PETERSBURG, FL.

Zip

33743-8013

Country

PINELLAS

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

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

7. Name and Address of New Registered Agent

Name

ROY WEBB

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

12215 BEGIN DR.

City

RIVERVIEW

FL

Zip Code

33569

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ROY WEBB, PRES. 8/21/03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **D'AMBROSIO, RUTH A**
STREET ADDRESS **5561 24TH TERRACE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **VPD** ☒ Delete
NAME **RODRIGUEZ, MARY ANN**
STREET ADDRESS **3501 FRONTAGE ROAD**
CITY-ST-ZIP **TAMPA, FL. 33607**

TITLE **S** ☒ Delete
NAME **AYRES, RENEE**
STREET ADDRESS **100 2ND AVENUE S STE 800**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **T** ☒ Delete
NAME **KRUCKI, LORI**
STREET ADDRESS **13127 87TH AVENUE 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 **PRESIDENT** ☒ Change ☐ Addition
NAME **WEBB, ROY**
STREET ADDRESS **12215 BEGIN DR**
CITY-ST-ZIP **RIVERVIEW, FL. 33569**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **JAVITZ, STAN**
STREET ADDRESS **10221 LOCKWOOD PINES LN**
CITY-ST-ZIP **TAMPA, FL. 33635**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **GLEASON, LYNNE**
STREET ADDRESS **3039 BOLT DR.**
CITY-ST-ZIP **PALM HARBOR, FL. 34685**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **SWEENEY, MARY**
STREET ADDRESS **8252 26th AVE. N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE ☐ Change ☐ Addition
NAME
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 ROY WEBB

8/21/03

CR2E037 (4/03)