

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

1/2

01-23-2003 90062 019 ****61.25

DOCUMENT # N02000007144

1. Entity Name

SARASOTA SUNCOAST ACADEMY, INC.



Principal Place of Business

**4455 PRIAR TUCK LN.
SARASOTA FL 34232**

Mailing Address

**4455 PRIAR TUCK LN.
SARASOTA FL 34232**

**7821 SADDLE CREEK TRAIL
SARASOTA FL 34241**



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

65-0791-488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

BAUCOM, LARRY M. Ph.D.

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

7821 SADDLE CREEK TRAIL

City

SARASOTA

FL

Zip Code

34241

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] **LARRY M. BAUCOM**

1-20-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 **LARRY M. BAUCOM**

Date

Daytime Phone #

CR2E037 (10/02)