

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90133 028 ****61.25

DOCUMENT # N03357

1. Entity Name

SUNCOAST FOUNDATION FOR HANDICAPPED CHILDREN, IN

Principal Place of Business

2180 9TH STREET
 SUITE 118-E
 SARASOTA FL 34237

Mailing Address

3230 SOUTH GATE CIRCLE
 SUITE 118-E
 SARASOTA FL 34239
 US

2. Principal Place of Business

3. Mailing Address

3148-A South Gate Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Sarasota, FL. 34239

4. FEI Number

59-2417258

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FOXWORTHY, H. RONALD
 2180 CORNELL STREET
 SARASOTA FL 33577

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME FLANDERS, ROBERT
 STREET ADDRESS 2160 PRINCETON ST.
 CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE D
 NAME FOXWORTHY, RON
 STREET ADDRESS 2180 CORNELL
 CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE STD
 NAME ERB, CAL
 STREET ADDRESS 3230 S GATE CIRLCE
 CITY-ST-ZIP SARASOTA FL ☐ Delete

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 W. Erb, Sec. Treas 2/20/01 941-953-5383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)