2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State
06-13-2000 90009 005 ****61.25

DOCUMENT # N10298

1. Entity Name

SUNCOAST AUXILIARY #3153, INCORPORATED

(R)

19567

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5446 LEISURE LANE NEW PORT RICHEY FL 34652	5446 LEISURE LANE NEW PORT RICHEY FL 34652

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	5446 LEISURE LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	NEW PORT RICHEY, FL
Zip / Country	34652 / PASCO

4. FEI Number 23-7131604 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BELSKI, COLLEEN B M.P.
8235 SAYBROOK DRIVE
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name: SPACH, DORIS M.P.
Street Address (P.O. Box Number is Not Acceptable): 5407 BERKLEY ROAD
City: NEW PORT RICHEY **FL** Zip Code: 34652

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: Doris Spach DATE: 7-26-2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CURRERI, ANN 4030 STRATFIELD DRIVE NEW PORT RICHEY FL 34652	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAN THOMA 6405 CENTURY WAY N.P.R. FL 34656	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FOX, WINIFRED T 1214 TAMARAC DRIVE HOLIDAY-FL 34690	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LORRAINE KEANE 5545 LEEWARD LA N.P.R. FL 34652	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KEANE, LORRAINE 5545 LEEWARD LANE NEW PORT RICHEY FL 34652	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NATALIE BARILE 6147 ARTHUR AVE N.P.R. FL 34653	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DMP BILLIE MC GRATH 3216 BEACON SQUARE DR. HOLIDAY, FL 34691	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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: SIGN LORRAINE Q KEANE Lorraine Keane 7-26-00 727-842-5942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #