2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State
02-18-2002 90149 025 ****61.25

U05447

DOCUMENT # N10298

1. Entity Name

SUNCOAST AUXILIARY #3153, INCORPORATED

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	5446 LEISURE LA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: NEW PORT RICHEY, FL
Zip / Country: PASCO	Zip: 34652 / Country: 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	7. Name and Address of New Registered Agent
SPACH, DORIS 5407 BERKLEY RD NEW PORT RICHEY FL 34652	Name: WILSON, ISABELLE Street Address (P.O. Box Number is Not Acceptable): 4510 RICKOVER COURT City: NEW PORT RICEY **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: Isabella Wilson DATE: 1/28/02
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

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 WILSONE, ISABELLE 4510 RICKOVER COURT NEW PORT RICHEY FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BILLIE MCGRATH 3216 BEACON SQ DR. HOLIDAY, FL 34691	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KEANE, LORRAINE 5545 LEEWARD LA NEW PORT RICHEY FL 34652	☐ 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 BARILE, NATALIE 10837 ALICO PASS NEW PORT RICHEY FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NATALIE BARILE 10837 ALICO PASS N.P.R. FL 34655	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DMP MCGRATH, BILLIE 3216 BEACON SQUARE DR HOLIDAY FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PMPD DORIS SPACH 5407 BERKLEY RD N.P.R. FL 34652	☐ 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 (9/01)

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: Lorraine Keane LORRAINE KEANE 1-28-02 727-842-5942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #