

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12680

1. Entity Name

SUNCOAST HARVEST CENTER, INC.

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90008 045 \*\*\*\*70.00

Principal Place of Business

1300 - 17TH AVENUE WEST  
BRADENTON FL 34205

Mailing Address

1300 - 17TH AVENUE WEST  
BRADENTON FL 34205

2. Principal Place of Business

2335 University Pkwy  
Suite, Apt. #, etc.

3. Mailing Address

2335 University Parkway  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

14-65-0850750

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

650850750

Applied For

Not Applicable

Zip

34243

Country

Manatee

Zip

34243

Country

Manatee

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYSON, TIMOTHY J  
1300 17TH AVE W  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name  
Timothy J. Dyson  
Street Address (P.O. Box Number is Not Acceptable)  
2335 University Parkway

City  
Sarasota  
FL Zip Code  
34243

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  
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

TITLE PD  
NAME DYSON, TIMOTHY J  
STREET ADDRESS 1300 17TH AVENUE WEST  
CITY-ST-ZIP BRADENTON FL 34205 ☐ Delete

TITLE TD  
NAME ZIMMERMANN, TERRENCE  
STREET ADDRESS 4224 1ST AVE NE  
CITY-ST-ZIP BRADENTON FL ☒ Delete

TITLE SD  
NAME DYSON, SHERRI D  
STREET ADDRESS 1300 17TH AVENUE WEST  
CITY-ST-ZIP BRADENTON FL 34205 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE TD  
NAME Kimberly D. Hawley  
STREET ADDRESS 2335 University Parkway  
CITY-ST-ZIP Sarasota, FL 34243 ☐ Change ☒ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 351-0447