

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2002 8:00 am  
Secretary of State

02-13-2002 90222 022 \*\*\*\*70.00

DOCUMENT # N12680

1. Entity Name

SUNCOAST HARVEST CENTER, INC.

Principal Place of Business

2335 UNIVERSITY PARKWAY  
SARASOTA FL 34243

Mailing Address

2335 UNIVERSITY PARKWAY  
SARASOTA FL 34243

00040073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7259 N. TAMPA TRAIL

Suite, Apt. #, etc.

3. Mailing Address

7259 N. TAMPA TRAIL

Suite, Apt. #, etc.

City & State  
SARASOTA FL

Zip  
34243

Country

City & State  
SARASOTA FL

Zip  
34243

Country

4. FEI Number  
59-2611718

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYSON, TIMOTHY J  
2335 UNIVERSITY PARKWAY  
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name  
TIMOTHY J. DYSON  
Street Address (P.O. Box Number is Not Acceptable)  
7259 N. TAMPA TRAIL  
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  
TIMOTHY J. DYSON - PRESIDENT

DATE  
1/28/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DYSON, TIMOTHY J 1300 17TH AVENUE WEST BRADENTON FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, JAMES A SR 8466 N LOCKWOOD RIDGE RD PMB 167 SARASOTA FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DYSON, SHERRI D 1300 17TH AVENUE WEST BRADENTON FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR TIMOTHY J. DYSON 7259 N. TAMPA TRAIL SARASOTA, FL 34243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JAMES A. WILLIAMS SR. 7259 N. TAMPA TRAIL SARASOTA, FL 34243	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / DIRECTOR SHERRI D. DYSON 7259 N. TAMPA TRAIL SARASOTA, FL 34243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: JAMES A. WILLIAMS SR.  
JAMES A. WILLIAMS SR.

Date

Daytime Phone #

CR2E037 (9/01)