

FILED

Jun 26, 2001 8:00 am
Secretary of State

05-15-2001 90106 030 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14236

1. Entity Name

SUNCOAST CONCHOLOGISTS, INC.

Principal Place of Business

P.O. 1564
PALM HARBOR FL 34682-8564

Mailing Address

P.O. 1564
PALM HARBOR FL 34682-8564

49834



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2458546

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, KATHERINE
682 GREEN VALLEY ROAD C-2
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUCCI, VERONICA 795 COUNTY RD 1 #199 PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOTTEN, SHARLENE 2252 SPRINGFLOWER DR CLEARWATER FL 33763	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NAPOLI, JOHN 3679 WINDBER BLVD PALM HARBOR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIENER, DIANE 2658 SEQUOIA TERR PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NAPOLI, JOHN 3679 WINDBER BLVD PALM HARBOR FL 34685	<input checked="" 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	A PRESIDENT DIANE WEINER 2658 SEQUOIA TERR PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A 1st V.P. RONI MUCCI (VERONICA) 795 COUNTY RD 1 #199 PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A RECORDING SECRETARY SHARLENE TOTTEN 2252 SPRINGFLOWER DR CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A TREASURER KATHERINE SMITH 682 GREEN VALLEY RD #2 PALM HARBOR, FL 34683	<input type="checkbox"/> Change <input checked="" 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:

KATHERINE E. SMITH

Date

Daytime Phone #

CR2E037 (10/00)