

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14863

1. Entity Name

SUNCOAST NEW NEIGHBORS, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90034 043 ****61.25

Principal Place of Business	Mailing Address
% JOYCE CHERRY 1855 PINE CONE . APT 22 CLEARWATER FL 33760 US	% JOYCE CHERRY 1855 PINE CONE CIRCLE. APT 22 CLEARWATER FL 33760-5350 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2866487	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHERRY, JOYCE 1855 PINE CONE CIRCLE #22 SUITE 22 CLEARWATER FL 34620	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 \$61.25	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	P MORRIS, ROSLIE 831 HILLSIDE DR PALM HARBOR FL 34683 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEAN GASPARI 9215-78th PLACE NORTH SEMINOLE, FL. 33777 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHERRY, JOYCE 1855 PINE CONE CIRCLE CLEARWATER FL 33760 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JANET MATHEWS 827 CHRISTINA CIRCLE OLDSMAR, FL. 34677 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WESTLUND, GERTRUDE 3021 STATE ROAD 590 #503 CLEARWATER FL 33759 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERTRUDE WESTLUND 3021 STATE ROAD 590-#503 CLEARWATER, FL. 33759-2553 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MALINOWSKI, KAY 2464 AUSTRALIA WAY EAST #12 CLEARWATER FL 33763 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARION MCINTYRE 910 HAMMOCK PINE BLVD. CLEARWATER, FL. 33761 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERRY, JOYCE 1855 PINE CONE CIRCLE - APT 22 CLEARWATER FL 33760 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE CHERRY 1855 PINE CONE CIRCLE - APT. 22 CLEARWATER, FL. 33760-5350 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVAK, HELEN 707 HAMMOCK PINE BLVD CLEARWATER FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARILENA TERRY 3127 SWAN LANE SAFETY HARBOR, FL 34695 ☒ 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 <i>[Signature]</i>	14 Feb 00	(727) 531-9178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037 (9/99)