

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22417

1. Entity Name

SUNCOAST PROFESSIONAL PHOTOGRAPHERS ASSOCIATION.

Principal Place of Business

8998-A SEMINOLE BLVD  
SEMINOLE FL 34642-3850  
US

Mailing Address

8998-A SEMINOLE BLVD  
SEMINOLE FL 33772-3850  
US

2. Principal Place of Business

8998-A Seminole Blvd

3. Mailing Address

8998-A Seminole Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seminole Florida

City & State

Seminole Florida

Zip

Country

33772

Zip

Country

33772

6. Name and Address of Current Registered Agent

LAKER, DAVID  
8998-A SEMINOLE BLVD.  
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name: DAVID LAKE  
Street Address (P.O. Box Number is Not Acceptable): 8998-A Seminole Blvd  
City: Seminole FL Zip Code: 33772

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

David L. Lake Sec/Treas

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-14-00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WARMOLIS, KIM	
STREET ADDRESS	977 APPALOOSA RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAKER, DAVID	
STREET ADDRESS	8998-A SEMINOLE BLVD.	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WARMOLTS, KIM	
STREET ADDRESS	977 APPALOOSA RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BURGESS, LEE	
STREET ADDRESS	1359 CHESTERFIELD DR	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEINER, KEN	
STREET ADDRESS	2572 FOREST RUN CT	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINER KEN	
STREET ADDRESS	2572 FOREST RUN CT	
CITY-ST-ZIP	CLW FL 33761	
TITLE	U	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARMOLIS KIM	
STREET ADDRESS	477 APPALOOSA RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	3	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID LAKE	
STREET ADDRESS	8998-A SEMINOLE BLVD	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS LEE	
STREET ADDRESS	1359 CHESTERFIELD DR	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2-14-00

Date

727-397-7191

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE