

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90120 013 ****70.00

DOCUMENT # N22417

1. Entity Name

SUNCOAST PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**9071 RIDGE RD
SEMINOLE FL 33772
US**

**9071 RIDGE RD
SEMINOLE FL 33772
US**

2. Principal Place of Business

3. Mailing Address

15371 Roosevelt Blvd., Ste. #104

15371 Roosevelt Blvd., Ste. #104

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. #104

Ste. #104

City & State

City & State

Clearwater, FL

Clearwater, FL

Zip

Country

Zip

Country

33760

USA

33760

USA

6. Name and Address of Current Registered Agent

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Lee Burgess, President

Street Address (P.O. Box Number is Not Acceptable)

15371 Roosevelt Blvd., #104

City

Clearwater

FL

Zip Code

33760

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/12/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SHEILDS, BOB	
STREET ADDRESS	9071 RIDGE RD	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	STORMES, BARBARA	
STREET ADDRESS	1722 NEBRASKA AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURGESS, LEE	
STREET ADDRESS	15371 ROOSEVELT BLVD #104	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, DON	
STREET ADDRESS	2817 DARTMOUTH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, CAROL	
STREET ADDRESS	6929 13TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee Burgess	
STREET ADDRESS	15371 Roosevelt Blvd., #104	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Steiner	
STREET ADDRESS	2572 Forest Run	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Walker	
STREET ADDRESS	14450 46th St. N., #108	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Mason	
STREET ADDRESS	2817 Dartmouth Ave. N.	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Sheilds	
STREET ADDRESS	9071 Ridge Rd.	
CITY-ST-ZIP	Seminole, FL 33772	
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 REQUIRED LEE BURGESS 3/12/03

CR2E037 (10/02)