

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23804

1. Entity Name

SUNCOAST COMMUNITY SUPPORT AUXILIARY INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90086 041 \*\*\*\*61.25

Principal Place of Business

SUNCOAST COMM SUPPORT ANX. INC  
1000 BAY PINES - PO BOX 4087  
BAY PINES FL 33744  
US

Mailing Address

SUNCOAST COMM SUPPORT ANX. INC  
1000 BAY PINES - PO BOX 4087  
BAY PINES FL 33744-4087  
US

2. Principal Place of Business

3. Mailing Address  
**Suncoast Community Support Aux. Inc.**  
**1000 Bay Pines Blvd.**  
**Post Office Box 4087**  
**Bay Pines, Florida 33744-4087**

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2872510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENT, THERESA  
7460 118TH TERRACE N  
LARGO FL 33773

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 \$61.25**

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	BANKS, BONNIE	
STREET ADDRESS	704 OLD TOWNE LN	
CITY-ST-ZIP	MARIETTA GA 30068	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KELLY, VIRGINIA	
STREET ADDRESS	17740 WALL CIRCLE	
CITY-ST-ZIP	REDINGTON SHORES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUGAN, IDA	
STREET ADDRESS	10707 53RD AVE. N. #4	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: BONNIE BANKS, PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 1, 2000  
Date

800-474-9394  
Daytime Phone #

CR2E037 (9/99)