

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23804

1. Entity Name  
**SUNCOAST COMMUNITY SUPPORT AUXILLIARY INC.**

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

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

Principal Place of Business Mailing Address  
**SUNCOAST COMM SUPPORT ANX. INC** **SUNCOAST COMM SUPPORT ANX. INC**  
**1000 BAY PINES - PO BOX 4087** **1000 BAY PINES - PO BOX 4087**  
**BAY PINES FL 33744** **BAY PINES FL 33744-4087**  
**US** **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
**Suncoast Community Support Aux. Inc.**  
**1000 Bay Pines Blvd.**  
**Post Office Box 4087**  
**Bay Pines, Florida 33744-4087**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BANKS, BONNIE</b>	
STREET ADDRESS	<b>704 OLD TOWNE LN</b>	
CITY-ST-ZIP	<b>MARIETTA GA 30068</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>KELLY, VIRGINIA</b>	
STREET ADDRESS	<b>17740 WALL CIRCLE</b>	
CITY-ST-ZIP	<b>REDINGTON SHORES FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DUGAN, IDA</b>	
STREET ADDRESS	<b>10707 53RD AVE. N. #4</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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. FEB 1, 2000 800-474-9394  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)