## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Feb 10, 2002 8:00 am Secretary of State **DOCUMENT # N23804** 1. Entity Name SUNCOAST COMMUNITY SUPPORT AUXILLIARY INC. 02-10-2002 90052 025 \*\*\*\*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 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2872510 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSA, COLETTE R 5695 AMELIA WAY PALM HARBOR FL 34581 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete -etfange CR2E037 (9/01' ☐ Addition **BANKS, BONNIE** NAME NAME 704 OLD TOWNE LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARIETTA GA 30068 CITY-ST-ZIP TITLE SD ☐ Delete TITI F Change ☐ Addition NAME KELLY, VIRGINIA NAME 17740 WALL CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP REDINGTON SHORES FL CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition DUGAN, IDA NAME NAME 10707 53RD AVE. N. #4 STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST. PETERSBUR FL CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE: Delete ---Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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