

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90722 015 ****61.25

DOCUMENT # N40086

1. Entity Name

SUNCOAST COMPENSATION AND BENEFITS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

570 CARILLON PARKWAY
 ST. PETERSBURG FL 33716

P.O. BOX 17798
 CLEARWATER FL 33762-7798
 US

(Same:)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2803 Southfield Court

Holiday FL

Zip
 34691

Country
 USA

Suite, Apt. #, etc.

PO Box 17798

Clearwater, FL

Zip
 33762

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3007804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORSEY, DONNA J
 570 CARILLON PKWY
 AEGON EQUITY GROUP
 ST. PETERSBURG FL 33716

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKIN-WELZ, DONNA 2379 BROAD STREET BROOKSVILLE FL 34609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKER, ELLIE 7511 114TH AVENUE N. ST PETERSBURG FL 33733	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORBIN, LEE ANN 1500 N. DALE MABRY HWY TAMPA FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, SANDRA 5755 HOOVER BLVD TAMPA FL 33634	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POPOVICH, DONNA 401 W. KENNEDY BLVD TAMPA FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Barry Brown 2803 Southfield Court Holiday, FL 34691-2505	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Judy McMahill 2700 Cove Way Drive, 3E Clearwater, FL 33760	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D J.D. Needham 490 1st Avenue South St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donna Dorsey 570 Carillon Pky Aegon Equity Group St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Emily Biel 100 N. STARCREST DRIVE CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBIN, LEE ANN 1500 N. DALE MABRY HWY TAMPA, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 of Donna J. Dorsey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith L McMahill 5/7/02 727-539-0627
 Date Daytime Phone #

CR2E037 (9/01)