

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90122 001 \*\*\*\*61.25

**DOCUMENT # N40086**

1. Entity Name

**SUNCOAST COMPENSATION AND BENEFITS ASSOCIATION, INC.**



Principal Place of Business

**2803 SOUTHFIELD COURT  
HOLIDAY FL 34691**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. 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)

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

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AD BROWN, BARRY<br/>2803 Southfield Ct.<br/>Holiday, FL 34691-2505</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD Judith Mc Mahill<br/>2700 Cove Cay Dr., 3E<br/>Clearwater, FL 33760</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD J.D. Needham<br/>490 1st Ave South<br/>St. Petersburg, FL 33701</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D Donna Dorsey<br/>570 Carillon Pkwy - Aegon Financial<br/>St. Petersburg, FL 33716</b>         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D Emily Biel<br/>Eckerd Youth Alternatives<br/>100 N. Starcrest Dr<br/>Clearwater, FL 33765</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D Lee Ann Corbin<br/>1500 N. Dale Mabry Hwy<br/>Tampa, FL 33607</b>                             | <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: *Judith Mc Mahill* **Judith L. Mc Mahill** 4/21/03 727-539-0627

CR2E037 (10/02)