

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90029 018 ****61.25

DOCUMENT # N40874

1. Entity Name

SUNCOAST CHAPTER OF THE AMERICAN SOCIETY OF HOME

Principal Place of Business

Mailing Address

P.O. BOX 13023
 ST. PETERSBURG FL 33733-3023

P.O. BOX 13023
 ST. PETERSBURG FL 33733-3023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3047547

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SWAIN, SIMON
8411 SUN STATE ST
TAMPA FL 33634

Name **EDWARD PIPINO**
 Street Address (P.O. Box Number is Not Acceptable)
5952 BAY VIEW CR

City **GULFPORT** FL Zip Code **33707**

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 **EDWARD PIPINO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-2000

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** ☒ Delete
 NAME **SWAIN, JOHN**
 STREET ADDRESS **8411 SUNSTATE ST**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE **VD** ☐ Delete
 NAME **TUBERGEN, ROBERT**
 STREET ADDRESS **7850 128TH ST N**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **SD** ☒ Delete
 NAME **SWAIN, SIMON**
 STREET ADDRESS **8411 SUNSTATE ST**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE **TD** ☐ Delete
 NAME **PIPINO, ED**
 STREET ADDRESS **2610 1ST AVE N**
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME **TUBERGEN, ROBERT**
 STREET ADDRESS **7850 128TH ST NO**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **VD** ☐ Change ☒ Addition
 NAME **HARRINGTON, KIM**
 STREET ADDRESS **12211 103 AVE**
 CITY-ST-ZIP **LARGO, FL 33778**

TITLE **SD** ☐ Change ☒ Addition
 NAME **PARKER, ROBERT**
 STREET ADDRESS **127 BLE**
 CITY-ST-ZIP **BELLAIR BEACH, FL 33786**

TITLE ☒ Change ☒ Addition
 NAME **PIPINO, EDWARD**
 STREET ADDRESS **5952 BAY VIEW CR**
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD PIPINO
1-25-2000 727-323-3864

Date

Daytime Phone #