2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N41805

FILED Feb 25, 2003 Secretary of State

Entity Name: SUNCOAST HARVEST FOOD BANK, INC.

Current Principal Place of Business: New Principal Place of Business: 5829 EHREN CUTOFF C.R. 583 LAND O'LAKES, FL 34639 US **New Mailing Address: Current Mailing Address:** PO BOX 1613 LAND O'LAKES, FL 34639 US FEI Number: 59-3053011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KUENZEL, DIANE V 4111 LAND O'LAKES BLVD STE 302D LAND O'LAKES, FL 34639 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KUENZEL, DIANE V. HAYES, TIM Name: Name: 4111 LAND O'LAKES BLVD. Address: 21859 SR 54, STE 200 Address: City-St-Zip: LAND O'LAKES, FL City-St-Zip: LUTZ, FL 33549 US Title: PD () Delete Title: (X) Change () Addition SZABO, BRUCE M Name: MILLER, VALERIE K Name: Address: 611 DRUID RD STE 7 Address: 27804 MILLER ROAD City-St-Zip: CLEARWATER, FL 34616 City-St-Zip: DADE CITY, FL 33525 US Title: () Delete Title: SD (X) Change () Addition MILLER, VALERIE K LUCAS, JEFF Name: Name: 27804 MILLER ROAD Address: Address: 7136 LITTLE ROAD City-St-Zip: DADE CITY, FL 33525 City-St-Zip: NEW PORT RICHEY, FL 34654 US () Delete Title: **VPD** Title: TD (X) Change () Addition Name: HAYES, TIM Name: SCHLEMAN, REBECCA 3100 E FLETCHER ROAD Address: 21859 SR 54, STE 200 Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: TAMPA, FL 33613 US Title: () Delete Title: () Change (X) Addition BUCK, KEN J Name: Name: 5829 EHREN CUTOFF Address: Address: City-St-Zip: City-St-Zip: LAND O LAKES, FL 34639 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN J BUCK ED 02/25/2003