## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **N42859** Apr 05, 2000 8:00 am Secretary of State 1. Entity Name SUNCOAST LEADERSHIP FOUNDATION, INC. 04-05-2000 90106 039 \*\*\*\*61.25 Mailing Address Principal Place of Business P.O. BOX 70016 P.O. BOX 70016 SARASOTA FL 34278-0016 SARASOTA FL 34278 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0256333 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BEW, ROBERT A REV. 5250 MANZ PLACE #113 Zip Code SARASOTA FL 34232 FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Change TITLE ☐ Delete KELLEY, RON DR. NAME NAME STREET ADDRESS STREET ADDRESS 7125 FRUITVILLE RD., #393 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 ☐ Change ☐ Addition tra ☐ Delete TITLE TITLE BEW, ROBERT A REV NAME NAME STREET ADDRESS STREET ADDRESS 5250 MANZ PLACE #113 CITY-ST-ZIP CiTY-ST-7iP Sarasota FL 34232 ☐ Addition VD Delete TITLE eh man lehman, Martin Rev. NAME STREET ADDRESS STREET ADDRESS <del>705 Dean Ave</del>-CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34297 ☐ Addition Change ☐ Delete TITLE TITLE BEW, MARY NAME 5250 MANZ PLACE., #113 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 Addition ☐ Delete DOUGLAS, TOM REV. NAME NAME STREET ADDRESS STREET ADDRESS 3325 8TH ST CITY-ST-ZIP CITY-ST-ZIP Sarasota FL <del>34297</del> Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

Daytime Phone #