

2002 UNIFORM BUSINESS REPORT (UBR)

5/8

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-08-2002 90066 048 ***61.25

DOCUMENT # N42859

1. Entity Name

SUNCOAST LEADERSHIP FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 70016
 SARASOTA FL 34278

P.O. BOX 70016
 SARASOTA FL 34278

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

65-0256333

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

**BEW, ROBERT A REV.
 5250 MANZ PLACE
 #113
 SARASOTA FL 34232**

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

TITLE ☐ Delete

**KELLEY, RON DR.
 7125 FRUITVILLE RD., #393
 SARASOTA FL 34240**

TITLE ☐ Delete

**BEW, ROBERT A REV
 5250 MANZ PLACE #113
 SARASOTA FL 34232**

TITLE ☒ Delete

**LEHMAN, MARTIN REV.
 5248 MANZ PLACE #121
 SARASOTA FL 34232**

TITLE ☐ Delete

**BEW, MARY
 5250 MANZ PLACE., #113
 SARASOTA FL 34232**

TITLE ☐ Delete

**DOUGLAS, TOM REV.
 3581 FERDELL ST
 SARASOTA FL 34235**

TITLE ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Bew Reg. Agent

April 24, 2002

Date

Daytime Phone #

CR2E037 (9/01)