

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90031 044 \*\*\*\*61.25

**DOCUMENT # N47703**

1. Entity Name

**SUNCOAST PSYCHOANALYTIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1850 LEE ROAD, SUITE 103  
 WINTER PARK FL 32789  
 US

1850 LEE ROAD, SUITE 103  
 WINTER PARK FL 32789-2104  
 US

00018007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3122501**

Applied For

Not Applied For

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

**HASELWOOD, TOM**  
**1850 LEE ROAD, SUITE 103**  
**WINTER PARK FL 32789**

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:**  
**FEI 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	<input type="checkbox"/> Delete
NAME	HASELWOOD, TOM	
STREET ADDRESS	1850 LEE RD., #103	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, POLLY	
STREET ADDRESS	1304 DESOTO AVE., #100	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TSIGOUNIS, STAN	
STREET ADDRESS	235 SOUTH ORANGE AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PLAYER, WILLIAM	
STREET ADDRESS	1850 LEE ROAD 103	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WIENER, ERIC	
STREET ADDRESS	7353 WEST SANDLAKE ROAD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETITH, MONICA	
STREET ADDRESS	1850 LEE ROAD, 103	
CITY-ST-ZIP	WINTER PARK FL 32789	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*TOM HASELWOOD*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/7/00 407 740 8080*  
 Date Daytime Phone #