

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002007

1. Entity Name

THE SOUTH COUNTY RESOURCE CENTER, INC.

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90823 038 *****70.00

Principal Place of Business 7810 S. TAMiami TRAIL STE A-14 VENICE FL 34293 US	Mailing Address 7810 S. TAMiami TRAIL STE A-14 VENICE FL 34293 US
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2. Principal Place of Business 7810 South Tamiami Trail Suite, Apt. #, etc. Suite A-14	3. Mailing Address P.O. Box 518 Suite, Apt. #, etc.
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City & State Venice, FL	City & State Venice, FL	4. FEI Number 65-0467265	Applied For Not Applicable
Zip 34293	Country U.S.	Zip 34284-0518	Country U.S.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MOORE, ROBERT L ATTY 227 S NOKOMIS AVE VENCIE FL 34285	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD BAYLES, KATHY 148 DAVINCI DRIVE NOKOMIS FL 34275 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOBIAS, SHARON 3600 WILLIAM PENN WAY VENICE FL 34293 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OCHS, ROBERT 901 VENENTIA BAY BOULEVARD, SUITE 100 VENICE FL 34292 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMM, RICK 140 E VENICE AVE VENICE FL 34285 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rick Hamm 140 E. Venice Avenue Venice, FL 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Colleen Thayer 3830 Bee Ridge Road Sarasota, FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sandi Walker 1320 Venice Ave. East Venice, FL 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE:

SIGNATURE REQUIRED

04/30/01

(941) 484-0446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert L. Ochs Treasurer

Date

Daytime Phone #

CR2E037 (10/00)