

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002007

1. Entity Name

THE SOUTH COUNTY RESOURCE CENTER, INC.

Principal Place of Business

7810 S. TAMiami TRAIL
STE A-14
VENICE FL 34293
US

Mailing Address

P O BOX 518
VENICE FL 34284-0518
US

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

65-0467265

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

MOORE, ROBERT L ATTY
227 S NOKOMIS AVE
VENICE, FL 34285

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HAMM, RICK ☐ Delete
STREET ADDRESS 140 E VENICE AVE
CITY-ST-ZIP VENICE FL 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME THAYER, COLLEEN ☐ Delete
STREET ADDRESS 3830 BEE RIDGE ROAD
CITY-ST-ZIP VENICE FL 34293

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3830 Bee Ridge Road
CITY-ST-ZIP Sarasota, FL 34233

TITLE TD
NAME OCHS, ROBERT ☐ Delete
STREET ADDRESS 901 VENENTIA BAY BOULEVARD, SUITE 100
CITY-ST-ZIP VENICE FL 34292

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME WALKER, SANDI ☐ Delete
STREET ADDRESS 1320 VENICE EAST
CITY-ST-ZIP VENICE FL 34292

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1320 E. Venice Ave.
CITY-ST-ZIP Venice, FL 34292

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

(941) 484-0446

Date Daytime Phone #

CR2E037 (9/01)