

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005632

1. Entity Name

THE SUNCOAST PUBLIC MANAGEMENT ASSOCIATION, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90240 048 ****61.25

Principal Place of Business

Mailing Address

CITY OF INDIAN ROCKS BEACH
1507 BAY PALM BLVD
INDIAN ROCKS BEACH FL 34635

CITY OF INDIAN ROCKS BEACH
1507 BAY PALM BLVD
INDIAN ROCKS BEACH FL 33785-2827

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

59-3219053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEINBACH, KIM D
CITY OF TEMPLE TERRACE
1250 N 56TH ST.
TEMPLE TERRACE FL 33687

Name **CARL L. SCHWING**
Street Address (P.O. Box Number is Not Acceptable)
CITY OF ST. PETE BEACH
7701 BOCA CIEGA DR
City **ST. PETE BEACH** FL **33706** 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

CARL L. SCHWING, SEC/TREAS. 4/7/00

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

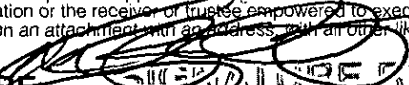
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	ST LEINBACH, KIM D	11250 N 56TH ST.	TEMPLE TERR FL 33687	<input type="checkbox"/>
	V KARAYIANES, MARY E	CITY OF INDIAN ROCKS BEACH 1507 BAY PALM	INDIAN ROCKS BEACH FL 33785	<input type="checkbox"/>
	PPD FIDLER, BARBARA	CITY OF DUNEDIN, 542 MAIN ST	DUNEDIN FL 34698	<input type="checkbox"/>
	D MONAHAN, KATHLEEN	CITY OF TARPON SPRINGS, 324 E PINE ST	TARPON SPRINGS FL 34688	<input type="checkbox"/>
	P STORCK, BERNADETTE	PINELLAS PUBLIC LIBRARY COOPERATIVE	12345 STARKEY RD LA 33773	<input type="checkbox"/>
	V EDMUNDS, FRANK	CITY OF SEMINOLE/7464 RIDGE RD	SEMINOLE FL 33773	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V				<input checked="" type="checkbox"/>
P				<input checked="" type="checkbox"/>
D				<input checked="" type="checkbox"/>
D	SEEGER, GERALD	5919 MAIN STREET	NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PPD				<input checked="" type="checkbox"/>
ST	SCHWING, CARL L.	7701 BOCA CIEGA DR	ST. PETE BEACH, FL 33706	<input type="checkbox"/> Change <input checked="" 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 an officer or trustee empowered.

SIGNATURE

 **CARL L. SCHWING** 4/7/00 (127) 363-9231