

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005632

1. Entity Name

THE SUNCOAST PUBLIC MANAGEMENT ASSOCIATION, INC.

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90024 018 ****61.25

0005982

Principal Place of Business
CITY OF INDIAN ROCKS BEACH
1507 BAY PALM BLVD
INDIAN ROCKS BEACH FL 34635

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3219053

Applied For
Not Applicable

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

SCHWING, CARL L
CITY OF ST. PETE BEACH
7701 BOCA CIEGA DRIVE
SAINT PETERSBURG FL 33706

Name

Street Address (P.O. Box Number is Not Acceptable)

City

ST. PETE BEACH

FL

Zip Code

33706

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.

CARL L. SCHWING, SEC/TREAS 4/4/01

(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 NAME STREET ADDRESS CITY-ST-ZIP	V LEINBACH, KIM D 11250 N 56TH ST. TEMPLE TERR FL 33687	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARAYIANES, MARY E CITY OF INDIAN ROCKS BEACH 1507 BAY PALM INDIAN ROCKS BEACH FL 33785	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIDLER, BARBARA CITY OF DUNEDIN, 542 MAIN ST DUNEDIN FL 34698	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEEBER, GERALD 5919 MAIN STREET NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD STORCK, BERNADETTE PINELLAS PUBLIC LIBRARY COOPERATIVE 12345 STARKEY RD LA 33773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHWING, CARL L 7701 BOCA CIEGA DRIVE SAINT PETERSBURG FL 33706	<input type="checkbox"/> Delete

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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. PETE BEACH, FL 33706	<input checked="" 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, and all other like empowered.

SIGNATURE:

CARL L. SCHWING

Date

Daytime Phone #

4/4/01 (727) 363-9231

CR2E037 (10/00)