

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002122

1. Entity Name

SANTA'S COUNCIL FOR NEEDY & ABUSED CHILDREN INC.

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90034 043 *****70.00

Principal Place of Business

Mailing Address

4846 SUN CITY CENTER
SUITE 271
SUN CITY CENTER, FL 33570
US

3022 STATE ROAD 674
SUITE 271
RUSKIN FL 33570
US

2. Principal Place of Business

2135 BAYOU DR SOUTH
Suite, Apt. #, etc.

3. Mailing Address

4846 SUN CITY CENTER
GMB #271
Suite, Apt. #, etc.

City & State
RUSKIN FL

City & State
SUN CITY, FL

Zip
33570

Country
U.S.A.

Zip
33573

Country
USA

4. FEI Number

59-3242287

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORYELL, WILLIAM J
3022 STATE ROAD 674
SUITE 271
RUSKIN FL 33570

7. Name and Address of New Registered Agent

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

William J. Coryell
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/21/2002
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
PT
CORYELL, KATHARINA G
3022 STATE ROAD 674 #671
RUSKIN FL 33570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TV
SKELTON, ROY
326 N. BELCHER
CLEARWATER FL 33765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
NIEBER, HEIDI
8012 FORD PLACE
TAMPA FL 33615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CORYELL, WILLIAM J
3022 STATE RD 674 #271
RUSKIN FL 33570 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NIEBER, WALTER
8012 FORD PLACE
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ 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 empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/2002 813641-7888

CR2E037 (9/01)