

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004165

1. Entity Name

SUNCOAST MISSING CHILDREN PROJECT, INC.

Principal Place of Business

5006 TROUBLE CREEK RD
SUITE 230
NEW PORT RICHEY FL 34652
US

Mailing Address

5006 TROUBLE CREEK RD.
SUITE 230
NEW PORT RICHEY FL 34652
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3265301

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

Name

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

City

FL

Zip Code

RAINS, BARBARA E
5006 TROUBLE CREEK RD.
SUITE 230
NEW PORT RICHEY FL 34652

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 PDTC ☐ Delete
NAME RAINS, BARBARA E
STREET ADDRESS 7016 WASHINGTON ST
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE TR ☐ Delete
NAME DAVIS, MARY
STREET ADDRESS 4142 PECOS DR
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE VDST ☐ Delete
NAME HALPIN, THOMAS D
STREET ADDRESS 7016 WASHINGTON STREET
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE TR ☐ Delete
NAME VENEZIA, KENNETH C
STREET ADDRESS 4025 VISTA VERDE DR APT 2
CITY-ST-ZIP NEW PORT RICHEY FL 34655

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

TITLE DTR ☐ Delete
NAME PATANE, JOYCE E
STREET ADDRESS 7921 FOX HOLLOW DR
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE VSDM ☐ Delete
NAME HALPIN, THOMAS D
STREET ADDRESS 7016 WASHINGTON STREET
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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:

Barbara E. Rains 4-30-01 727-841-7440

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90081 043 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)