

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90311 012 ****70.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

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

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

TITLE PDTCM ☐ Change ☒ Addition
 NAME RAINS, BARBARA E
 STREET ADDRESS 4142 PECOS DR.
 CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE TR ☐ Change ☒ Addition
 NAME DAVIS, MARY L
 STREET ADDRESS 5807 WYOMING AVE
 CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE VDSM ☐ Change ☒ Addition
 NAME HALPIN, THOMAS D
 STREET ADDRESS 4142 PECOS DR.
 CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE TR ☒ Change ☐ Addition
 NAME EDY, JAMES S
 STREET ADDRESS 4426 TIBURON DR
 CITY-ST-ZIP NEW PORT RICHEY FL 34655

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

TITLE DTR ☐ Change ☐ Addition

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

TITLE ☐ 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:

Barbara E Rains
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-20-2002

CR2E037 (9/01)