

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004971

1. Entity Name

SUN COAST COMMUNITY CARE, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90007 031 ****61.25

Principal Place of Business

Mailing Address

2025 INDIAN ROCKS ROAD
LARGO FL 33774
US

P O BOX 2025
LARGO FL 33779-2025
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

59-3282590

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

COLLINS, JEFFREY A
2025 INDIAN ROCKS ROAD
LARGO FL 33774

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

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

(NOTE: Registered Agent signature required when reinstating)

4/10/00
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 | S- BONETTI, LINDA 2025 INDIAN ROCKS ROAD LARGO FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OKESON, NICK 2025 INDIAN ROCKS ROAD LARGO FL 33774 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C HULLEY, WILLIAM 2025 INDIAN ROCKS ROAD LARGO FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KEWESHAN, WILLIAM 2025 INDIAN ROCKS ROAD LARGO FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLLINS, JEFFREY A. 2025 INDIAN ROCKS ROAD LARGO FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WORTH, RANDAL 2025 INDIAN ROCKS RD. LARGO FL | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAMPILOS, SPEROS 2025 INDIAN ROCKS RD LARGO, FL 33774 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FITZGERALD, GERALD 2025 INDIAN ROCKS RD. LARGO, FL 33774 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHERER, ALAIN 2025 INDIAN ROCKS RD LARGO, FL 33774 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEWHOUSE, CATHY 2025 INDIAN ROCKS RD LARGO, FL 33774 | <input type="checkbox"/> Change <input checked="" 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 |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00
Date

727-581-9474
Daytime Phone #

CR2E037 (9/99)