

8/19

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90151 046 \*\*\*\*61.25

**DOCUMENT # N94000004971**

1. Entity Name

**SUN COAST COMMUNITY CARE, INC.**

Principal Place of Business

Mailing Address

2025 INDIAN ROCKS ROAD  
 LARGO FL 33774  
 US

P O BOX 2025  
 LARGO FL 33779  
 US

J J J J J

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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

7. Name and Address of New Registered Agent

~~GOLLING, JEFFREY A~~  
 2025 INDIAN ROCKS ROAD  
 LARGO FL 33774

Name

Archbell, Larry J.

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

2025 Indian Rocks Road

City

Largo

FL

Zip Code

33774

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
 min. will be \$238.25.

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

S  
 BONETTI, LINDA  
 2025 INDIAN ROCKS ROAD  
 LARGO FL

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 OKESON, NICK  
 2025 INDIAN ROCKS ROAD  
 LARGO FL 33774

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

C  
 HULLEY, WILLIAM  
 2025 INDIAN ROCKS ROAD  
 LARGO FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

V  
 KEWESHAN, WILLIAM  
 2025 INDIAN ROCKS ROAD  
 LARGO FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 COLLINS, JEFFREY A.  
 2025 INDIAN ROCKS ROAD  
 LARGO FL

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 WORTH, RANDAL  
 2025 INDIAN ROCKS RD.  
 LARGO FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Director

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Director  
 Archbell, Larry J.  
 2025 Indian Rocks Road  
 Largo, FL 33774

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 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 #

CR2E037 (4/02)