

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90148 049 ****61.65

DOCUMENT # N94000005685

1. Entity Name

**SUNCOAST COMPENSATION AND BENEFITS FOUNDATION, I
 NC.**

Principal Place of Business 417 DEER PARK AVENUE TEMPLE TERRACE FL 33617 US	Mailing Address 417 DEER PARK AVENUE TEMPLE TERRACE FL 33617 US
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80028751



DO NOT WRITE IN THIS SPACE

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 59-3322196	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARCIA, LINDA
417 DEER PARK AVENUE
TEMPLE TERRACE FL 33617

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) 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	S	<input type="checkbox"/> Delete
NAME	GARCIA, LINDA	
STREET ADDRESS	417 DEER PARK AVENUE	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUND, DON	
STREET ADDRESS	8664 MANASSUS ROAD	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIEL, EMILY	
STREET ADDRESS	100 N. STARCREST DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33758	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, SANDRA	
STREET ADDRESS	5755 HOOVER BLVD.	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAVANZO, KATHRYN	
STREET ADDRESS	PMB #343, 6860 GULFPORT BLVD. S	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *SIGNATURE OF LINDA GARCIA*

1/28/02 (F13) 623 5400 ext 33120

CR2E037 (9/01)