2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400006080 Jun 13, 2000 8:00 am 1. Entity Name **Secretary of State** SUNCOAST FOOTBALL COACHES ASSOCIATION OF PINELLA 06-13-2000 90007 006 ****70.00 Mailing Address Principal Place of Business TOM BOSTIC TOM BOSTIC 5405 HERCULES AVE 2008 WINDING OAKS DR PALM HARBOR FL 34683 **CLEARWATER FL 33764** 2. Principal Place of Business 3. Mailing Address מם בא 5 <u>a m</u> Koper Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 6416 8401, 131 Applied For City & State City & State 4. FEI Number 65-0616588 Not Applicable \$8.75 Additional Country 33776 5. Certificate of Status Desired uSA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AVIS **BOSTIC, G. THOMAS** 540 S. HERCULES AVE **CLEARWATER FL 33764** 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. SIGNATUREX DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ★ Addition TITI F PD 🗷 Delete TITLE DON DAVIS Rd NAME NAME BOSTIC, TOM STREET ADDRESS STREET ADDRESS 2008 WINDING OAKS DR Tarpon Springs Fl 34689 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 TITLE TITLE 🔀 Delete Tom KEELER 1300 Silver Engle DR NAME NAME EVERETT, MARK STREET ADDRESS STREET ADDRESS 129 OVERSTREET CT TArpon Springs CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Change Addition Delete TITLE **VD** NAME NAME STEPHENS, BOB STREET ADDRESS STREET ADDRESS 3408 BRIARWOOD LN CITY-ST-7IP CITY-ST-ZIP <u>SAFETY HARBOR FL 34695</u> ☐ Change Addition ☐ Delete TITLE TITLE DS NAME NAME BRUCH, BRIAN STREET ADDRESS STREET ADDRESS 3034 HOMESTEAD OAKS DR CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Change ★ Addition TITLE ☐ Delete NAME ROPER, SAM 8401 STREET ADDRESS STREET ADDRESS 9401 131ST N CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL Change . 街 Addition ■ Delete TITLE TITLE NAME mike June NAME GORDON, JEAN P 1900 OMAHASt STREET ADDRESS STREET ADDRESS 924 -58 ST S. CITY-ST-ZIP CITY-ST-ZIP GULFPORT FL 33707 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.

Davtime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR