

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 10, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000003096****1. Entity Name****SUNCOASTERS OF ST. PETERSBURG, INC.****Principal Place of Business**

33 6TH ST., SOUTH SUITE 101

ST PETERSBURG  
33701

FL

**Mailing Address**

33 6TH ST., SOUTH SUITE 101

ST PETERSBURG  
33701

FL

**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****59-0830257**

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**ENGLANDER & FISCHER, P.A.  
5959 CENTRAL AVE, SUITE 201ST PETERSBURG  
33710

US

FL

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 reinstalling)

**01/10/2001**

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	ID	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33731	FL	33602	FL	33704	FL	33705	FL	33710	FL	33703																						
BYELICK	ROBERT	P	P.O. BOX 1511	ST. PETERSBURG	FL	33731	GREENE	MARCUS	100 N. TAMPA STREET, SUITE 4100	TAMPA	FL	33602	FISCHER	H. JAMES	721 FIRST AVE N.	ST PETERSBURG	FL	33701	MAHAFFEY	MARK	T	3700 POMPANO DRIVE S.E.	ST. PETERSBURG	FL	33705	LIGON	REGINALD	5201 CENTRAL AVE.	ST PETERSBURG	FL	33710	HINES	A. HAMPTON	III	1845 BAYOU GRANDE N.E.	ST. PETERSBURG	FL	33703

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JAMES G. NEWMAN**

PD

01/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)