

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 11, 2000 8:00 am
Secretary of State

03-13-2000 90019 021 ****70.00

DOCUMENT # N96000000269

1. Entity Name

SUNCOAST REGIONAL YOUTH CONSORTIUM, INCORPORATED

Principal Place of Business

1844 17TH ST
SARASOTA FL 34234
US

Mailing Address

1844 17TH ST
SARASOTA FL 34234-7501
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0690833

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHMAJ, ELLEN H
1844 17TH STREET
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name Kathleen Baylis
Street Address (P.O. Box Number is Not Acceptable)
148 DaVinci Drive

City Nokomis FL Zip Code 34275

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

Kathleen Baylis

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

(NOTE: Registered Agent signature required when reinstating)

3/30/00

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	MD	<input type="checkbox"/> Delete
NAME	KRESS, MARY HELEN	
STREET ADDRESS	1003 8 AVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	METHENY, DEBORRAH	
STREET ADDRESS	1960 LANDINGS BLVD	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARIS, DEANNA	
STREET ADDRESS	215 MANATEE AVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVENPORT, TOM DR	
STREET ADDRESS	5840 26TH STREET W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	MD	<input type="checkbox"/> Delete
NAME	NEWTON, TONY	
STREET ADDRESS	1844 17TH ST	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	CHMAJ, ELLEN	
STREET ADDRESS	257 TAMiami Trl N	
CITY-ST-ZIP	VENICE FL 34285	

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		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Baylis	
STREET ADDRESS	148 DaVinci Drive	
CITY-ST-ZIP	Nokomis, FL. 34275	

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:

Kathleen Baylis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)