

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90032 037 ****61.25

707664



DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000003451

1. Entity Name

SUNCOAST SCHOOLS FEDERAL CREDIT UNION RETIREMENT

Principal Place of Business

Mailing Address

950 WEST FLETCHER AVE
 TAMPA FL 33612

P.O. BOX 11736
 TAMPA FL 33680-1736

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3397200

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

DORETY, TOM R
6801 E HILLSBOROUGH AVE
TAMPA FL 33610

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

NO CHANGE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BYERS, SR J A	<input type="checkbox"/> Delete
NAME	2108 WHITLOCK PLACE	
STREET ADDRESS	DOVER FL	
CITY-ST-ZIP		
TITLE	PT HALL, BARBARA	<input type="checkbox"/> Delete
NAME	12205 WOOD DUCK PLACE	
STREET ADDRESS	TEMPLE TERRACE FL	
CITY-ST-ZIP		
TITLE	STT GRIFFIN, JOHN P	<input type="checkbox"/> Delete
NAME	15819 DAWSON RIDGE DRIVE	
STREET ADDRESS	TAMPA FL	
CITY-ST-ZIP		
TITLE	D KRUSE, NORMA	<input type="checkbox"/> Delete
NAME	16907 MELBA LANE	
STREET ADDRESS	LUTZ FL 33549	
CITY-ST-ZIP		
TITLE	D PLATTS, TERRY I.	<input type="checkbox"/> Delete
NAME	2111 WHITLOCK PLACE	
STREET ADDRESS	DOVER FL 33527	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		<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:

Barbara Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 813968-9434

Date

Daytime Phone #

CR2E037 (9/99)