

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90034 047 ****61.25

DOCUMENT # N96000003451

1. Entity Name

SUNCOAST SCHOOLS FEDERAL CREDIT UNION RETIREMENT

Principal Place of Business

**950 WEST FLETCHER AVE
TAMPA FL 33612**

Mailing Address

**P.O. BOX 11736
TAMPA FL 33680**

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

59-3397200

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

**DORETY, TOM R
6801 E HILLSBOROUGH AVE
TAMPA FL 33610**

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.

Tom R. Dorety

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
BYERS, SR J A
2108 WHITLOCK PLACE
DOVER FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
HALL, BARBARA
12205 WOOD DUCK PLACE
TEMPLE TERRACE FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STT
GRIFFIN, JOHN P
15819 DAWSON RIDGE DRIVE
TAMPA FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KRUSE, NORMA
16907 MELBA LANE
LUTZ FL 33549** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PLATTS, TERRY I.
2111 WHITLOCK PLACE
DOVER FL 33527** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President P ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 S. Hall

Barbara S. Hall

04/27/01

(813) 621-7511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)