

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003451

1. Entity Name

SUNCOAST SCHOOLS FEDERAL CREDIT UNION RETIREMENT ASSOCIATION, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

950 W. Fletcher Avenue

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33612

Country
USA



DO NOT WRITE IN THIS SPACE

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.

(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 V
NAME BYERS, SR J A
STREET ADDRESS 2108 WHITLOCK PLACE
CITY-ST-ZIP DOVER FL ☐ Delete

TITLE Secretary/Treasurer
NAME ☒ Change ☐ Addition

TITLE T
NAME HALL, BARBARA
STREET ADDRESS 12205 WOOD DUCK PLACE
CITY-ST-ZIP TEMPLE TERRACE FL ☐ Delete

TITLE Trustee
NAME ☒ Change ☐ Addition

TITLE P
NAME GRIFFIN, JOHN P
STREET ADDRESS 15819 DAWSON RIDGE DRIVE
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE Trustee
NAME ☒ Change ☐ Addition

TITLE D
NAME KRUSE, NORMA
STREET ADDRESS 16907 MELBA LANE
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE Vice Chairman
NAME ☒ Change ☐ Addition

TITLE ST
NAME PLATTS, TERRY I.
STREET ADDRESS 2111 WHITLOCK PLACE
CITY-ST-ZIP DOVER FL 33527 ☐ Delete

TITLE Chairman
NAME ☒ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ 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:

SIGNATURE OF TERRY I. PLATTS

4/16/02 813-681-1321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)