## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9600003451 1. Entity Name

## SUNCOAST SCHOOLS FEDERAL CREDIT UNION RETIREMENT ASSOCIATION, INC.



**FILED** Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90171 049 \*\*\*\*61.25

ROWEST RETORER AVE ANALY R. 35812  2. Phrolipal Place of Business  Suite, Apt. #, etc.  Suite								
Surte. Apt. #. etc   Surte. Apt. #. etc   CHCK HERE IF MAKING CHANGES    City 6 State   City 6 State   Chry 6 S	Principal Place of Business 160 WEST FLETCHER AVE FAMPA FL 33612		950 WEST FLETCHER AVE		,			
City & State  City & State  Country  Zip  Country  Zip  Country  Applied for MA Application  Set To Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name an	2. Principal P	lace of Business	3. Mailing Address					
Zip Country S. Certificate of Status Desired Agent Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
Signature    Country   Country   S. Certificate of Status Desired   S8.75 Additional Fage Required   Fage Requ	City & State		City & State		39-3097200			
TAMPA FL 33610  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campai gn Financing Indication of Florida Controlling International	Zip Country		Zip Country		5 Certificate of Status Desired \$8.75 Additional			
DORETY, TOM R 8801 E HILLSBOROUGH AVE TAMPA FL 33610  City FL Zip Code 8. The above named entity subm is the statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plorida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Plorida. I am familiar with accept the obligation of Plorida.   The Name obligation of registered a		- 14 April 191	Registered Agent	4	7. Name and Addre			,
SIGNATURE    File above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.    File NOW: FEE IS \$61.25	_			Name				
TAMPA FL 33610  City FL   Zup Code  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature head or printed name of registered spent and size if againstable.   NOTE Registered Agent signature reaches when inhibitory   DATE    FILE NOW: FEE IS \$61.25   9. Election Campaign Financing				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Synthetic hoost or protect name of registered agent and title # applicable.  (MOTE Registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of Florica. I am familiar with, and accept the obligations of Florica. I am familiar with, and accept the obligation of Florica agent and state agent, or both, in the State of Florica. I am familiar with, and accept the obligation of Florica agent		· · · · · · · · · · · · · · · · · · ·						
THE NOW: FEE IS \$61.25  P. Election Campaign Financing ST, added to Fees Added to Pees				City		FL	Zip Code	<del>,</del>
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   ST	the obligat	ions of registered agent.					niliar with, a	and accept
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NAME BYERS, SR J A 2108 WHITLOCK PLACE STREET ADDRESS CITY-ST-2IP  TITLE THALL, BARBARA   Delete   TITLE   Change   Addition   NAME STREET ADDRESS   STREET ADD	10.				ADDITIONS/CHANGE			
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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 receive or truetee impowered 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. of the corporation or the receiver changed, or on an attachment w

**SIGNATURE:**