

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005316

1. Entity Name

SUNCOAST ADULT CYSTIC FIBROSIS TASK FORCE, INC.

**FILED**  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 91333 003 \*\*\*\*61.25

0061050

Principal Place of Business

Mailing Address

9800 4TH ST N.  
STE 206  
ST PETERSBURG FL 33702

9800 4TH ST N.  
STE 206  
ST PETERSBURG FL 33702

00053798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3423999

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

RUGG, ELIZABETH  
9800 4TH ST N.  
STE 206  
ST PETERSBURG FL 33702

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 PD ☒ Delete  
NAME BUBY, DAVID DR.  
STREET ADDRESS 12291 70TH ST. N.  
CITY-ST-ZIP LARGO FL 33701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME CALVERT, SANDY  
STREET ADDRESS 7249 BRYAN DAIRY RD  
CITY-ST-ZIP LARGO FL 34648

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME WINTON, NATHAN  
STREET ADDRESS 9721 EXECUTIVE CENTER DRIVE  
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME RUGG, ELIZABETH  
STREET ADDRESS 9800 4TH ST. N. #206  
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE DC ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME COOK, MICHAEL  
STREET ADDRESS 1130 94TH AVENUE, NO  
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: ELIZABETH RUGG

4/25/01 721-217-1010

CR2E037 (10/00)