

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005730

1. Entity Name

SUNCOAST GUARDIANSHIP ASSOCIATION, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90082 001 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 7077  
CLEARWATER FL 34618

P O BOX 7077  
CLEARWATER FL 33758-7077

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

59-3418657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANDT, MARK W  
595 MAIN ST  
DUNEDIN FL 34698

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 ☒ Delete  
NAME MILLER, PATRICIA K  
STREET ADDRESS 39650 US 19 N #331  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Change ☒ Addition  
NAME Director Ernest Wantenbery  
STREET ADDRESS 625 Village Way  
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE ☐ Delete  
NAME DS  
STREET ADDRESS MCDONALD, GENNY  
CITY-ST-ZIP 515 CHESAPEAKE DRIVE  
TARPON SPRINGS FL 34689

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

TITLE ☐ Delete  
NAME DT  
STREET ADDRESS ROBBINS, PAMELA  
CITY-ST-ZIP 9511 120TH ST N  
SEMINOLE FL 33772

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

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS SCHRANMEK, SUSANNA  
CITY-ST-ZIP 1501 N BELCHER, SUITE 249  
CLEARWATER FL 34625

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS RILEY-BAKER, BARBARA  
CITY-ST-ZIP 1497 MAIN STREET, SUITE 218  
DUNEDIN FL 34698

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HALL, GLORIA  
CITY-ST-ZIP 501 SOUTH WALTON AVENUE  
TARPON SPRINGS FL 34689

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:

*Pamela Robbins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00

721-391-6256

CR2E037 (9/99)