

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006518

1. Entity Name

SUNCOAST DAMS, INC.

Principal Place of Business

Mailing Address

4362 REEVES ROAD  
NEW PORT RICHEY FL 34652

4362 REEVES ROAD  
NEW PORT RICHEY FL 34652-3116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

FUNK, PAUL J  
4362 REEVES ROAD  
NEW PORT RICHEY FL 34652

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 D ☐ Delete  
NAME AMEND, WESLEY  
STREET ADDRESS 880 OLEANDER WAY SOUTH, APT. 150G  
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE D ☐ Delete  
NAME BALDWIN, ALICE  
STREET ADDRESS 11253 CINDY DR.  
CITY-ST-ZIP BROOKSVILLE-FL

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

TITLE TD ☒ Delete  
NAME DUFFY, ANDREW J.  
STREET ADDRESS 725 MONTE CRISTO BLVD.  
CITY-ST-ZIP TIERRA VERDE FL

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

TITLE P ☐ Delete  
NAME FUNK, PAUL J  
STREET ADDRESS 4362 REEVES RD  
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE SD ☐ Delete  
NAME JOHNSTON, ROBERT J.  
STREET ADDRESS 880 OLEANDER WAY SOUTH APT. 130G  
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE D ☐ Delete  
NAME SCHECKENER, STUART  
STREET ADDRESS 4854 PRIMROSE PATH  
CITY-ST-ZIP SARASOTA FL

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:

PAUL J. FUNK

1-8-2000

Date

Daytime Phone #

CR2E037 (9/99)