

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 05, 2001 8:00 am**  
**Secretary of State**

07-05-2001 90001 007 \*\*\*\*70.00

**DOCUMENT # N97000000442**

1. Entity Name

**SUNCOAST YOUTH ATHLETIC AND SCHOLARS PROGRAM INC**

Principal Place of Business

12539 BROOKSIDE ST  
 SPRING HILL FL 34609  
 US

Mailing Address

12539 BROOKSIDE ST  
 SPRING HILL FL 34609  
 US

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 **59-3429903**

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

**OWEN, RUTH**  
**12539 BROOKSIDE ST**  
**SPRING HILL FL 34609**

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

TITLE **DC** ☐ Delete  
 NAME **OWEN, GARY D**  
 STREET ADDRESS **12539 BROOKSIDE ST**  
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **DVC** ☐ Delete  
 NAME **HIBBERT, DAVE**  
 STREET ADDRESS **13289 PINELLAS AVE**  
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **DS** ☐ Delete  
 NAME **OWEN, RUTH**  
 STREET ADDRESS **12539 BROOKSIDE ST**  
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **DT** ☒ Delete  
 NAME **HENNIGAN, LINDA**  
 STREET ADDRESS **18055 HIGGINS STREET**  
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **T** ☒ Change ☐ Addition  
 NAME **Elizabeth Schonborn**  
 STREET ADDRESS **12444 Elgin Blvd.**  
 CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE ☐ Change ☐ Addition  
 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 Schonborn* Secretary 6/18/01 352-666-0901

CR2E037 (10/00)