

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000003413**

1. Entity Name

SUNCOAST VENTURE FORUM, INC.

Principal Place of Business

**14 EAST DAVIS BOULEVARD
TAMPA FL 33606**

Mailing Address

**234 EAST DAVIS BOULEVARD
TAMPA FL 33606**

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

59-3516190

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARNETT, SCOTT F
234 EAST DAVIS BOULEVARD
TAMPA FL 33606**

7. Name and Address of New Registered Agent

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 \$61.259. 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	DCEO	<input type="checkbox"/> Delete
NAME	FOUNTAIN, NMICHAEL W	
STREET ADDRESS	4202 E FOWLER AVE	
CITY-ST-ZIP	TAMPA FL 3362-500	

TITLE	DS	<input type="checkbox"/> Delete
NAME	BRASS, WAYNE R	
STREET ADDRESS	4202 E FOWLER AVE	
CITY-ST-ZIP	TAMPA FL 33620-5500	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BUDD, STEPHEN R	
STREET ADDRESS	4202 E FOWLER AVE	
CITY-ST-ZIP	TAMPA FL 33620-5500	

TITLE	BODC	<input type="checkbox"/> Delete
NAME	BARNETT, SCOTT	
STREET ADDRESS	234 E DAVIS BLVD	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUNTAIN, MICHAEL W	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4202 E FOWLER AVE	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Stephen R Budd STEPHEN R BUDD 2/25/02 813-974-7820**FILED**
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90030 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)