

FILED  
Apr 24, 2003 8:00 am  
Secretary of State

04-24-2003 90213 037 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                     |                                                                |                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N98000003413</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                     |                                                                |         |  |
| 1. Entity Name<br><b>SUNCOAST VENTURE FORUM, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                     |                                                                |                                                                                          |  |
| Principal Place of Business<br>234 EAST DAVIS BOULEVARD<br>TAMPA, FL 33606                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                     | Mailing Address<br>234 EAST DAVIS BOULEVARD<br>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<br><b>59-3516190</b>                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                     |                                                                | Applied For<br><input type="checkbox"/> Not Applicable                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                     |                                                                | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><b>BARNETT, SCOTT F<br/>234 EAST DAVIS BOULEVARD<br/>TAMPA, FL 33606</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                     |                                                                | 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                     |                                                                |                                                                                          |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                     |                                                                |                                                                                          |  |
| DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                     |                                                                |                                                                                          |  |
| FILE NOW - FEE IS \$61.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                | \$5.00 May Be<br>Added to Fees                                                           |  |
| Make Check Payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                     |                                                                |                                                                                          |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10          |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DCEO                 | <input type="checkbox"/> Delete                                                     | TITLE                                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FOUNTAIN, NMICHEAL W |                                                                                     | NAME                                                           | <b>FOUNTAIN, MICHAEL W</b>                                                               |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4202 E FOWLER AVE    |                                                                                     | STREET ADDRESS                                                 | <b>4202 E FOWLER AVE</b>                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TAMPA, FL 3362-500   |                                                                                     | CITY-ST-ZIP                                                    |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DS                   | <input type="checkbox"/> Delete                                                     | TITLE                                                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BRASS, WAYNE R       |                                                                                     | NAME                                                           |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4202 E FOWLER AVE    |                                                                                     | STREET ADDRESS                                                 |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TAMPA, FL 336205500  |                                                                                     | CITY-ST-ZIP                                                    |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TD                   | <input type="checkbox"/> Delete                                                     | TITLE                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BUDD, STEPHEN R      |                                                                                     | NAME                                                           |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4202 E FOWLER AVE    |                                                                                     | STREET ADDRESS                                                 |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TAMPA, FL 336205500  |                                                                                     | CITY-ST-ZIP                                                    |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BODC                 | <input type="checkbox"/> Delete                                                     | TITLE                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BARNETT, SCOTT       |                                                                                     | NAME                                                           |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 234 E DAVIS BLVD     |                                                                                     | STREET ADDRESS                                                 |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TAMPA, FL 33606      |                                                                                     | CITY-ST-ZIP                                                    |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | <input type="checkbox"/> Delete                                                     | TITLE                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                     | NAME                                                           |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                     | STREET ADDRESS                                                 |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                     | CITY-ST-ZIP                                                    |                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | <input type="checkbox"/> Delete                                                     | TITLE                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                     | NAME                                                           |                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                     | STREET ADDRESS                                                 |                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                     | 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: <i>Stephen R Budd</i> <b>STEPHEN R BUDD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                     | 4/18/03 813-974-7820                                           |                                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                     | Date                                                           |                                                                                          |  |