

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90303 017 \*\*\*150.00

DOCUMENT # P00000056186

1. Entity Name

WRIGHT & ASSOCIATES OF THE SUNCOAST, INC.

Principal Place of Business

406 SARASOTA QUAY  
SARASOTA FL 34236

Mailing Address

406 SARASOTA QUAY  
SARASOTA FL 34236

2. Principal Place of Business

304 W. VENICE AVE

3. Mailing Address

P.O. Box 519

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

City & State

VENICE FL

City & State

VENICE FL

4. FEI Number

65-1015270

Applied For

Not Applicable

Zip

34292

Country

USA

Zip

34284-0519

Country

USA

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

WRIGHT, BARBARA E  
406 SARASOTA QUAY  
SARASOTA FL 34236

Name NANCY PARLOTT

Street Address (P.O. Box Number is Not Acceptable) 304 W. VENICE AVENUE #200

P.O. Box 519

City VENICE

FL

Zip Code 34284-0519

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

Nancy L. Parrott

1-24-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME PD NANCY PARLOTT  
STREET ADDRESS 3354 AVANTI CIRCLE  
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VD BARBARA WRIGHT  
STREET ADDRESS 116 SARASOTA QUAY  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME V.D CLIFFORD WRIGHT  
STREET ADDRESS 4803 14TH DRIVE WEST  
CITY-ST-ZIP BRADENTON FL 34210

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME STD LAWRENCE PARLOTT  
STREET ADDRESS 3354 AVANTI CIRCLE  
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Nancy L. Parrott

NANCY PARLOTT

1-24-01

941-485-4762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)