

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006980

1. Entity Name

SUNCOAST ASSOCIATION MANAGEMENT, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90023 028 ***150.00

Principal Place of Business

Mailing Address

C/O WALTER D. SCOTT
155 POINCIANA BLVD.
DESTIN FL 32541

C/O WALTER D. SCOTT
155 POINCIANA BLVD.
DESTIN FL 32541-4037

2. Principal Place of Business

12273 U.S. HWY 98

Suite, Apt. #, etc.

STE. 208

City & State

DESTIN FL

Zip

32541

Country

3. Mailing Address

c/o Suncoast Association Management

Suite, Apt. #, etc.

12273 U.S. HWY 98, STE 208

City & State

DESTIN FL

Zip

32541

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3421232

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, WALTER D
155 POINCIANA BLVD.
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

WALTER D. SCOTT

Street Address (P.O. Box Number is Not Acceptable)

12273 U.S. HWY 98, STE 208

City

DESTIN

FL

Zip Code

32541

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

FEBRUARY 14, 2000

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, 2000 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

TITLE PD
NAME SCOTT, WALTER D
STREET ADDRESS 155 POINCIANA BLVD.
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE STD
NAME SCOTT, PATRICIA I
STREET ADDRESS 155 POINCIANA BLVD.
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME WALTER D. SCOTT
STREET ADDRESS 12273 U.S. HWY 98, STE 208
CITY-ST-ZIP DESTIN FL 32541 ☒ Change ☐ Addition

TITLE S/T/D
NAME PATRICIA I. SCOTT
STREET ADDRESS 12273 U.S. HWY 98, STE 208
CITY-ST-ZIP DESTIN FL 32541 ☒ Change ☐ Addition

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

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

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

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/00 (850) 654-9071