## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 28, 2000 8:00 am Secretary of State DOCUMENT # P98000011400 1. Entity Name SUNCOAST INVESTMENT CENTER, INC. 01-28-2000 90145 031 \*\*\*150.00 Principal Place of Business Mailing Address 1111 S. MCCALL ROAD 1111 S. MCCALL ROAD ENGLEWOOD FL 34223 ENGLEWOOD FL 34223-4229 (60)3820 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0810594 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, A. FEROLD Street Address (P.O. Box Number is Not Acceptable) 1111 S. MCCALL ROAD ENGLEWOOD FL 34223 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITI F Change Addition TITLE DAVIS, A F NAME NAME 1111 S. MCCALL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ENGLEWOOD FL 34223** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE BADER, CAROL A NAME STREET ADDRESS 1111 S. MCCALL ROAD STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Change Addition ☐ Delete TITLE REINEKE, GORDON NAME STREET ADDRESS 1111 S. MCCALL ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **ENGLEWOOD FL 34223** Change Addition ☐ Delete TITLE TITLE TUERK, RONALD NAME NAME 1111 S. MCCALL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 34223 CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-2000

(941) 475-6

Dayti

Daytime Phone #

CR2E034 (9/99