

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028795

1. Entity Name
SUNCOAST PROPERTY INVESTORS, INC.

Principal Place of Business
5524 MANFIELDS PL
JACKSONVILLE FL 32207

Mailing Address
5524 MANFIELDS PL
JACKSONVILLE FL 32207

2. Principal Place of Business
8823 Harpers Glen Ct
Suite, Apt. #, etc.

3. Mailing Address
8823 Harpers Glen Ct
Suite, Apt. #, etc.

City & State
JAX FL

City & State
Jacksonville FL

4. FEI Number 59-3501417

Applied For
Not Applicable

Zip
32256

Country
Duval

Zip
32256

Country
Duval

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDILL, RICHARD K
5524 MANFIELDS PL
JACKSONVILLE FL 32207

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MCDILL, RICHARD K
5524 MANFIELD PL
JACKSONVILLE FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MCDILL, IRENE T
5524 MANFIELDS PL
JACKSONVILLE FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 #

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90014 009 ***550.00



DO NOT WRITE IN THIS SPACE

0004270 AV

CR02034 (5/01)