

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2000 8:00 am
Secretary of State

05-30-2000 90105 042 ***150.00

DOCUMENT # P98000044723 F
1. Entity Name
SUNCOAST PROPERTIES OF SARASOTA INC.

Principal Place of Business Mailing Address
4341 OAKVIEW DR 4341 OAKVIEW DR
SARASOTA FL. 34232 SARASOTA FL 34232

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0837893 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARIANNE SANCHEZ
4341 OAKVIEW DR
SARASOTA, FL 34232

7. Name and Address of New Registered Agent
Name SANCHEZ MARIANNE
Street Address 4341 OAKVIEW DR
City SARASOTA FL Zip Code 34232

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 MARIANNE SANCHEZ MAY 16 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

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include MAAS GUNTER (PRESIDENT, TREASURER), SANCHEZ MARIANNE (VICE PRESIDENT), and MARIANNE SANCHEZ (SECRETARY).

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows for additional officers and directors.

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: MARIANNE SANCHEZ D. MAY 16 2000

CR2E034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

5/30/00-90105-042-\$150.00-\$150.00

DOCUMENT # **998000044723 F**
 1. Entity Name
SUNCOAST PROPERTIES OF SARASOTA INC.

Principal Place of Business Mailing Address
4341 OAKVIEW DR SARASOTA FL 34232 / **4341 OAKVIEW DR SARASOTA FL 34232**

106996

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0837893** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARIANNE SANCHEZ
4341 OAKVIEW DR
SARASOTA FL 34232

7. Name and Address of New Registered Agent
 Name **SANCHEZ MARIANNE**
 Street Address (P.O. Box Number is Not Acceptable) **4341 OAKVIEW DR**
 City **SARASOTA** FL Zip Code **34232**

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 **MARIANNE SANCHEZ** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
M Sanchez MAY 16 2000 DAY

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 17 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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete HAAS GUNTER PRESIDENT 2554 SMITHFIELD DR ORLANDO FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete SANCHEZ MARIANNE VICE PRESIDENT 4341 OAKVIEW DR SARASOTA FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete HAAS GUNTER TRESURER 2554 SMITHFIELD DR ORLANDO FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete MARIANNE SANCHEZ SECRETARY 4341 OAKVIEW DR SARASOTA FL 34232
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MARIANNE SANCHEZ D.** Signature, typed or printed name of signing officer or director
M Sanchez MAY 16 2000 DAY
 941-377-9229
 Daytime Phone #

CR2E034 (9/99)