

2000 UNIFORM BUSINESS REPORT (UBR)

091400

DOCUMENT # P99000060520

1. Entity Name

SUNCOAST FINANCIAL SERVICES OF THE PALM BEACHES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 11 AM 9:31

Principal Place of Business
55 PEACHTREE PLACE
BOYNTON BEACH FL 33436

Mailing Address
55 PEACHTREE PLACE
BOYNTON BEACH FL 33436



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
660 LINTON BOULEVARD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 213

City & State

City & State

DELRAY BEACH, FL

Zip

Country

Zip

Country

33444

USA

4. FEI Number

65-0920342

Applied For

Not Applicable

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

MACKEY, KEITH S
PEACHTREE PLACE
BOYNTON BEACH FL 33436

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MACKEY, KEITH S
55 PEACHTREE PLACE
BOYNTON BEACH FL 33436

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600003434526-8
-10/23/00-01018-019
*****400.00 *****400.00

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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-10/23/00-01018-021
*****8.75 *****8.75

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:

KEITH S. MACKEY, REGISTERED AGENT

MACKEY

9/10/00 (561) 369-3545

Date

Daytime Phone #