

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091015

1. Entity Name

SUNCOAST PROVIDERS, INC.

FILED
SECRETARY OF STATE
BUSINESS CORPORATIONS

01 MAY 22 PM 12:52

Principal Place of Business

2012 GREEN JUNIPER LANE
BRANDON FL 33511

Mailing Address

2012 GREEN JUNIPER LANE
BRANDON FL 33511

10329 Birdwatch Dr.
Tampa, FL 33647

10329 Birdwatch Dr.
Tampa, FL 33647

2. Principal Place of Business

6506 FLORIDA AVE

3. Mailing Address

6506 FLORIDA AVE

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

TAMPA FL

City & State

TAMPA FL

4. FEEL Number

59-3603302

Applied For

Not Applicable

Zip

33604

Country

Hillsborough

Zip

33604

Country

Hillsborough

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THEAGENE, JEAN S
2012 GREEN JUNIPER LANE
BRANDON FL 33511

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 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

TITLE	D	<input type="checkbox"/> Delete
NAME	THEAGENE, JEAN S	
STREET ADDRESS	10329 Birdwatch Dr.	
CITY-ST-ZIP	2012 GREEN JUNIPER LANE BRANDON FL 33511 Tampa, FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000004447570--S	
STREET ADDRESS	-06/27/01--01046--015	
CITY-ST-ZIP	****900.00 ****900.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

CR2E034 (5/00)