

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706943

1. Entity Name

WEST COAST SQUARE AND ROUND DANCERS ASSOCIATION.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90178 007 ****61.25

Principal Place of Business

Mailing Address

675 BEAR CREEK DR.
 BARTOW FL 33830
 US

675 BEAR CREEK DR.
 BARTOW FL 33830-3220
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2145982

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

APPEL, WILLIAM J.
 4429 VIEUX CARRE CIRCLE
 TAMPA FL 33613

Name Bouseman, Paula
 Street Address (P.O. Box Number is Not Acceptable)
5125 68th Lane North
 City St. Petersburg FL Zip Code 33709

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 Paula Bouseman Paula Bouseman 4/7/2000
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **TD APPEL, WILLIAM**
 STREET ADDRESS **4429 VIEUX CARRE CIR**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE Change Addition
 NAME **PD SLOCUM, Donald**
 STREET ADDRESS **675 Bearcreek DR.**
 CITY-ST-ZIP **BarTow, FL 33830**

TITLE Delete
 NAME **VRD BROWN, KEN**
 STREET ADDRESS **50 COE RD #222**
 CITY-ST-ZIP **BELLEAIR FL**

TITLE Change Addition
 NAME **VD Appel, William**
 STREET ADDRESS **4429 Vieux Carre Cir.**
 CITY-ST-ZIP **Tampa, FL 33613**

TITLE Delete
 NAME **SD SLOCUM, DONALD**
 STREET ADDRESS **675 BEARCREEK DR.**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE Change Addition
 NAME **TD Paula Bouseman**
 STREET ADDRESS **5125 68th Lane North**
 CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **SD Robert Courter**
 STREET ADDRESS **14962 Crown Dr.**
 CITY-ST-ZIP **Largo FL, 33774**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paula Bouseman Paula Bouseman 1/2000 727-548-1284
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)