2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # 706943** 1. Entity Name WEST COAST SQUARE AND ROUND DANCERS ASSOCIATION, 02-08-2001 90150 002 ****61.25 Principal Place of Business Mailing Address 675 BEAR CREEK DR. 675 BEAR CREEK DR. BARTOW FL 33830 BARTOW FL 33830 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2145982 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BOUSEMAN, PAULA** 5125 68TH LANE NORTH SAINT PETERSBURG FL 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITL F Change ☐ Addition ☐ Delete BOUSEMAN, PAULA NAME APPEL, WILLIAM NAME 68 th LANE NORTH STREET ADDRESS 4429 VIEUX CARRE CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33613 PD ☐ Delete ☐ Addition TITLE TITLE ☐ Change SLOCUM, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 675 BEAR CREEK DR CITY-ST-ZIP CITY-ST-ZIP BARTOW FL 33830 TD Change 🔲 Addition_ TITLE Delete. TITLE COURTER BOUSEMAN, PAULA NAME NAME ERRACE N. 3721 STREET ADDRESS STREET ADDRESS 5125 68TH LANE NORTH CITY-ST-ZIP CITY-ST-ZIP FL 33782 SAINT PETERSBURG FL 33709 Change 1 Addition TITLE ☐ Delete TITLE MAURICE REYMOLDS COURTER, ROBERT NAME NAME BOX 389 STREET ADDRESS STREET ADDRESS 14962 CROWN DR CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F ☐ Change NAME

12. 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 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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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