

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724994

1. Entity Name

440 WEST, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90005 003 \*\*\*\*61.25

Principal Place of Business

2753 STATE ROAD 580  
#207  
CLEARWATER FL 33761  
US

Mailing Address

2753 STATE ROAD 580  
#207  
CLEARWATER FL 33761-3345  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1803782

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

REARDON, MAUREEN C., CPM  
PROGRESSIVE MANAGEMENT, INC.  
2753 STATE ROAD 580, SUITE 207  
CLEARWATER FL 34621

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code  
33761

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

**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 **D** ☒ Delete  
NAME **REICHERT, GERALDINE**  
STREET ADDRESS **739 ABERDEEN DR**  
CITY-ST-ZIP **CRETE IL 60417**

TITLE **D** ☐ Change ☒ Addition  
NAME **WILLARD, GILLIAN**  
STREET ADDRESS **440 S. GULFVIEW BLVD. #807N**  
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **PD** ☐ Delete  
NAME **WHITE, FRED**  
STREET ADDRESS **4734 OAKRIDGE DR**  
CITY-ST-ZIP **TOLEDO OH 43623**

TITLE ☒ Change ☐ Addition  
NAME **440 S. GULFVIEW BLVD. #1406N**  
STREET ADDRESS **CLEARWATER FL 33767**  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **SCOURTES, GEORGE**  
STREET ADDRESS **440 S. GULFVIEW BLVD. #306**  
CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

TITLE **D** ☒ Change ☐ Addition  
NAME **440 S. GULFVIEW BLVD. #306N**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **DILLMAN, TOM**  
STREET ADDRESS **440 S GULFVIEW BLVD, #1605N**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **SOBIESZCZYK, HARRY**  
STREET ADDRESS **450 S. GULFVIEW BLVD. #302S**  
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **VD** ☐ Delete  
NAME **WEEDEN, SAM**  
STREET ADDRESS **440 S GULFVIEW BLVD., #703**  
CITY-ST-ZIP **CLEARWATER BCH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LAPOINTE, NORMAND**  
STREET ADDRESS **450 S. GULFVIEW BLVD. #301**  
CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

TITLE **S/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **450 S. GULFVIEW BLVD. #301S**  
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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature of Fred T. White* 1-2-00 (727) 461-2882