2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756143

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90013 018 ****61.25

1. Entity Name

WEST CENTRAL FLORIDA AREA AGENCY ON AGING, INC.

Principal Place of Business	Mailing Address
5911 BRECKENRIDGE PKWY SUITE B TAMPA FL 33610 US	5911 BRECKENRIDGE PKWY SUITE B TAMPA FL 33610-4240 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2074063 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAKAS JOHN W. JR.
MCWHIRTER, GRANDOFF & REEVES, P.A.
100 N TAMPA ST., STE. 2900
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: BAKAS JOHN W. JR.
Street Address (P.O. Box Number is Not Acceptable): 201 E KENNEDY BLVD
SUITE 400
City: TAMPA **FL** Zip Code: 33602

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: BAKAS JOHN W. JR. 03/22/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HALSEY, ELIZABETH 3001 W MLK JR BLVD TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBERTS, KEVIN 7205 S. GEORGE BLVD SEBRING, FL 33871	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOOREHEAD, MARJORIE 7305 16TH AVE NW BRADENTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARRELL, CHERYL T. 2506 ST CHARLES PLACE TAMPA, FL 33618	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LAMM, DR ROSEMARIE 5602 LAKE POINT DR, 7205 S GEORGE BLVD LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOISELLE, CHARLES 4960 GULF OF MEXICO BLVD LONGBOAT KEY, FL 34228	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROBERTS, KEVIN 7205 GEORGE BLVD SEBRING FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD O'REILLY, ALICE 853 S NEW YORK AVE LAKELAND, FL 33815	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Kevin E. Roberts 4-4-2000 863-386-6628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #