2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90055 042 ****70.00

DOCUMENT # 756143

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 US

DO NOT WRITE IN THIS SPACE

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 59-2074063 ☐ 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
BAKAS JOHN W. JR. 201 E KENNEDY BLVD STE 400 TAMPA FL 33602	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

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 ROBERTS, KEVIN 7205 S GEORGE BLVD SEBRING FL 33871	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Harrell, Cheryl T. 8509 Parrots Landing Tampa, FL 33647	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARRELL, CHERYL T 2506 ST CHARLES PLACE TAMPA FL 33618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD O'Reilly, Alice 1232 E. Magnolia St. Lakeland, FL 33801-2126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOISELLE, CHARLES 4960 GULF OF MEXICO BLVD LONGBOAT KEY FL 34228	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Lupo, William 8506 Boulder Creek Ct. Tampa, FL 33615-1414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD O'REILLY, ALICE 853 S NEW YORK AVE LAKELAND FL 33815	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Quinn, Barbara 3205 Wilderness Blvd. W. Parrish, FL 34219	☐ 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 (9/01)

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: Maureen Kelly SIGNATURE REQUIRED Executive Director 04/09/02 813-740-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #