2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

FILED DOCUMENT # 758187 May 04, 2000 8:00 am 1. Entity Name Secretary of State WEST STATE ARCHAEOLOGICAL SOCIETY, INC. 05-04-2000 90132 006 ****61.25 Mailing Address Principal Place of Business % CHARLIE BODISHBAUGH % CHARLIE BODISHBAUGH 6420 MURRAY HILLS DRIVE 6420 MURRAY HILLS DRIVE TAMPA FL 33615 TAMPA FL 33615-3451 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 59-2435378 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7 Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 😉 Gilbert Laris Jr. 4206 East 97th Avenue BODISHBAUGH, CHARLIE 6420 MURRAY HILLS DRIVE Tampa, FL. 33617-4429 **TAMPA FL 33615** 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. APRILIZ DO **SIGNATURE** DATE (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: \Box Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME LARIS, GILBERT A STREET ADDRESS STREET ADDRESS 9206 E 97 AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33617-4429 ☐ Addition Delete Change TITLE TITLE MATTHEWS, MARIANNE NAME NAME STREET ADDRESS STREET ADDRESS 240 S LOIS AVE CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33629** Change -Delete -SD---TITLE_ NAME HINES, KERMIT J NAME STREET ADDRESS STREET ADDRESS 5700 N NEBRASKA AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33604 **VPD** ☐ Addition Change TITLE ☐ Delete TITLE CUNNINGHAM, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 16004 MIDLAWN PL CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 ☐ Addition ☐ Delete TITLE Change NAME CROSBY, RON STREET ADDRESS STREET ADDRESS 8422 N PACKWOOD AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33604 Delete TITLE TITLE NAME SINGLETON, JIM NAME STREET ADDRESS STREET ADDRESS 4407 W ANITA BLVD CITY-ST-ZIP **TAMPA FL 33611** 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