

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758187

1. Entity Name

WEST STATE ARCHAEOLOGICAL SOCIETY, INC.

Principal Place of Business

% CHARLIE BODISHBAUGH
6420 MURRAY HILLS DRIVE
TAMPA FL 33615
US

Mailing Address

% CHARLIE BODISHBAUGH
6420 MURRAY HILLS DRIVE
TAMPA FL 33615
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

59-2435378

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

LARIS, GILBERT JR
4206 EAST 97TH AVE
TAMPA FL 33614

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

David A. Laris Jr.

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 PD ☐ Delete
NAME LARIS, GILBERT A
STREET ADDRESS 9206 E 97 AVE
CITY-ST-ZIP TAMPA FL 33617-4429

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

TITLE T ☐ Delete
NAME MATTHEWS, MARIANNE
STREET ADDRESS 240 S LOIS AVE
CITY-ST-ZIP TAMPA FL 33629

TITLE ☒ Change ☐ Addition
NAME Treasurer
STREET ADDRESS ERYAER WOODWORTH
CITY-ST-ZIP 30016 LYNNE DR
WESLEY CHAPEL, FL 33543

TITLE SD ☐ Delete
NAME HINES, KERMIT J
STREET ADDRESS 5700 N NEBRASKA AVE
CITY-ST-ZIP TAMPA FL 33604

TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS Amanda Schamer
CITY-ST-ZIP 103 W. North Street
Tampa, FL 33604

TITLE VPD ☐ Delete
NAME CUNNINGHAM, DAVID
STREET ADDRESS 16004 MIDLAWN PL
CITY-ST-ZIP TAMPA FL 33624

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

TITLE D ☐ Delete
NAME CROSBY, RON
STREET ADDRESS 8422 N PACKWOOD AVE
CITY-ST-ZIP TAMPA FL 33604

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

TITLE D ☐ Delete
NAME SINGLETON, JIM
STREET ADDRESS 4407 W ANITA BLVD
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

David A. Laris Jr.
SIGNATURE REQUIRED

17 APRIL '01

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91071 041 ****61.25

A0069260



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)