2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90126 003 ****61.25

DOCUMENT # N03080

1. Entity Name

FLORIDA CENTRAL WEST COAST CHAPTER OF THE SOUTHE

Principal Place of Business	Mailing Address
6081 64 AVE. N. PINELLAS PARK FL 34665 US	6081 64TH AVE N. PINELLAS PARK FL 33781-5324 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
CITY OF PINELLAS PARK	6051 78TH AVE
Suite, Apt. #, etc.: P.O. Box 1100	Suite, Apt. #, etc.
City & State: PINELLAS PARK, FL	City & State: PINELLAS PARK, FL
Zip: 33780-1100 Country: PINELLAS	Zip: 33781 Country: PINELLAS

4. FEI Number: 65-0204765 ☐ 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
GUSTAFSON, MICHAEL B ~~6081 64 AVE., N.~~ ~~PINELLAS PARK FL 34665~~	Name: GUSTAFSON, MICHAEL B. Street Address (P.O. Box Number is Not Acceptable): 6051 78TH AVE City: PINELLAS PARK FL Zip Code: 33781

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 GUSTAFSON, MICHAEL 6081 64 AVE., N PINELLAS PARK FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD. FOLCE, BURTON 2505 ASTRO PLACE ZEFFNER, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FOLCE, BURTON 2505 ASTRO PLACE ZEFFNER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WICHMAN, MICHAEL 305 1ST AVE. SW LARGO FL 34640	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHODORA, VICTOR 128 LIVE OAK LANE LARGO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. DiPASQUA, JOSEPH P.O. BOX 5064 TARPON SPRINGS, FL 34688-5004	☐ 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: MICHAEL T. WICHMAN, SR. SIGNATURE REQUIRED 4-29-00 727-547-4575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #