

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90008 015 ****61.25

DOCUMENT # N99000001044

1. Entity Name

FLORIDA WEST COAST ASSOCIATION OF OCCUPATIONAL H

Principal Place of Business

Mailing Address

1400 E. BAY DR.
LARGO FL 33771

1400 E. BAY DR.
LARGO FL 33771-1013

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

59-3583271

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, SCOTT C ESQ
1400 W. FAIRBANKS AVE., STE. 204
WINTER PARK FL 32789

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: **DP** Delete
 NAME: **GUZIK, ARLENE**
 STREET ADDRESS: **1400 E. BAY DR.**
 CITY-ST-ZIP: **LARGO FL 33771**

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

TITLE: **DP** Delete
 NAME: **THOMPSON, SANDRA**
 STREET ADDRESS: **1660 GULF BLVD., UNIT 1103**
 CITY-ST-ZIP: **CLEARWATER FL 33767**

TITLE: Change Addition
 NAME: **BARB MAXWELL**
 STREET ADDRESS: **1701 43 ST N**
 CITY-ST-ZIP: **ST PETERSBURG, FL 33713**

TITLE: **DS** Delete
 NAME: **GALLIZZI, KAREN**
 STREET ADDRESS: **12407 N. FLORIDA AVE.**
 CITY-ST-ZIP: **TAMPA FL 33612**

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

TITLE: **DT** Delete
 NAME: **MARNALSE, RUTH**
 STREET ADDRESS: **2624 ENTERPRISES RD. E., #14**
 CITY-ST-ZIP: **CLARWATER FL 33759**

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

TITLE: **D** Delete
 NAME: **BROWN, RONNIE**
 STREET ADDRESS: **15760 W. POWERLINE ST.**
 CITY-ST-ZIP: **CRYSTAL RIVER FL 34228-6708**

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

TITLE: **D** Delete
 NAME: **RUCKMAN, LYNDA**
 STREET ADDRESS: **1052 EDEN ISLE DR., N.E.**
 CITY-ST-ZIP: **ST. PETERSBURG FL 33704**

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

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: *Arlene Guzik*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

727 586 0047

Date

Daytime Phone #

CR2E037 (9/99)