

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 91334 015 ****61.25

DOCUMENT # N99000001044

1. Entity Name

FLORIDA WEST COAST ASSOCIATION OF OCCUPATIONAL H

00053805



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1400 E. BAY DR.
 LARGO FL 33771**

Mailing Address

**1400 E. BAY DR.
 LARGO FL 33771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3583271

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 KAREN CRANNEIL
 6507 N HARNEY Rd
 Tampa, FL 33610** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 MAXWELL, BARB
 1701 43 ST. N.
 SAINT PETERSBURG FL 33713** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Debra Woodruff
 7511 114 Ave N
 LARGO, FL 33773** ☐ Change ☒ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MARY Lee
 10901 MALCOLM MCKINLEY DR
 MS40
 Tampa, FL 33612-6455** ☐ Change ☒ Addition

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

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 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: RUTH MARNALSE **4-30-01** **727-669-2589**

CR2E037 (10/00)