

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712838

1. Entity Name

FLORIDA WEST COAST CHAPTER, CSI, INC.

Principal Place of Business

Mailing Address

P.O. BOX 7880  
TAMPA FL 33673-7880

P.O. BOX 7880  
TAMPA FL 33673-7880

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

59-2801177

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GOLDSTEIN, HARVEY J  
2125 NORTH BAY HILLS BLVD  
SAFETY HARBOR FL 34695

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	P	<input type="checkbox"/> Delete
NAME	SCHWEIKHART, KEVIN	
STREET ADDRESS	4915 CHARLTON ST	
CITY-ST-ZIP	TAMPA FL 33694	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, HARVEY J	
STREET ADDRESS	2125 NORTH BAY HILLS BLVD	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	T	<input type="checkbox"/> Delete
NAME	STRIBLING, EDWARD R	
STREET ADDRESS	4909 RIVER BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PASSERINI, HENRY	
STREET ADDRESS	1983 LAGO VISTA BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARR, JACKIE	
STREET ADDRESS	190 12 TH AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAY, J C	
STREET ADDRESS	3424 REYNOLDSWOOD DR	
CITY-ST-ZIP	TAMPA FL 33618	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIERADKO, EDWARD J.	
STREET ADDRESS	5506 CAMILLE COURT	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, ROBERT R.	
STREET ADDRESS	407 WESTBOROUGH LANE	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD R. STRIBLING 4/30/2001 813-870-7814

Date

Daytime Phone #

FILED  
May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90195 029 \*\*\*\*61.25

001771



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)