

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000007244

1. Entity Name

WESTCARE FOUNDATION, INC.

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90033 033 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

300 EAST CHARLESTON BLVD  
STE 201  
LAS VEGAS NV 89104

300 EAST CHARLESTON BLVD  
STE 201  
LAS VEGAS NV 89104

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

86-0852629

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

WOLFE, RICHARD E  
341 3RD STREET SOUTH  
ST PETERSBURG FL 33701

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  
PCD  
STEINBERG, RICHARD  
300 EAST CHARLESTON BLVD., STE 201  
LAS VEGAS NV ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Peter Ventrella  
Assistant Secretary  
300 E Charleston  
Las Vegas, NV 89104 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
CASSINGER, MARY  
300 EAST CHARLESTON BLVD., STE 201  
LAS VEGAS NV ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
KEYSER, FRANK  
300 EAST CHARLESTON BLVD., STE 201  
LAS VEGAS NV ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
KING, TEX  
300 EAST CHARLESTON BLVD., STE 201  
LAS VEGAS NV ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
THOMAS, DICK  
300 EAST CHARLESTON BLVD., STE 201  
LAS VEGAS NV ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SULLIVAN, WILLIAM  
300 EAST CHARLESTON BLVD., STE 201  
LAS VEGAS NV ☐ 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:

*Peter Ventrella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02

Date

702-385-240

Daytime Phone #

CR2E037 (9/01)