

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

02-26-2002 90133 003 ****61.25

DOCUMENT # N01000001218

1. Entity Name

WESTCARE GULF COAST - FLORIDA, INC.

Principal Place of Business

Mailing Address

341 3RD ST. SOUTH
ST. PETERSBURG FL341 3RD ST. SOUTH
ST. PETERSBURG FL

2. Principal Place of Business

415 3rd Street South

3. Mailing Address

415 3rd Street South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg, Florida

City & State

St. Petersburg, Florida

Zip

33701

Country

USA

Zip

33701

Country

USA

4. FEI Number

59-3714627

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

MCCURLEY, JANETTE M ESQ.
100 2ND AVE. SOUTH, SUITE 704
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 \$61.259. 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 ☐ Delete
 NAME **CEO/President**
 STREET ADDRESS **Richard Steiner**
 CITY-ST-ZIP **300 E. Charleston Suite 201 D**
Las Vegas, NV 89104

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

TITLE ☐ Delete
 NAME **Treasurer**
 STREET ADDRESS **Robert Neri**
 CITY-ST-ZIP **415 3rd Street South D**
St. Petersburg, Florida 33701

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

TITLE ☐ Delete
 NAME **Secretary**
 STREET ADDRESS **Peter Ventrella**
 CITY-ST-ZIP **300 E. Charleston Suite 201 D**
Las Vegas, NV 89104

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

TITLE ☐ Delete
 NAME **John Sheehan**
 STREET ADDRESS **415 3rd Street South D**
 CITY-ST-ZIP **St Pete, Florida 89104**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

2/1/02

702-385-290

CR2E037 (9/01)