

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707904

1. Entity Name

WEST PASCO CHAMBER OF COMMERCE, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90159 048 ****61.25

Principal Place of Business

Mailing Address

5443 MAIN STREET
NEW PORT RICHEY FL 34652
US

5443 MAIN STREET
NEW PORT RICHEY FL 34652

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

59-0609498

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

ALPINE, JOSEPH
5443 MAIN ST.
NEW PORT RICHEY FL 34652

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

Joseph Alpine, President

2/6/01

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 CD ☐ Delete
NAME MARTIN, KENNETH DDS
STREET ADDRESS 4438 MADISON STREET
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE CD ☐ Delete
NAME AUSTIN, CAMI
STREET ADDRESS 6435 RIDGE ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE 1VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 1VD ☒ Delete
NAME YERS, CHRIS H
STREET ADDRESS 14000 FIVAY ROAD
CITY-ST-ZIP HUDSON FL 34667

TITLE 2VD ☐ Change ☒ Addition
NAME Marlowe, Rob
STREET ADDRESS 8726 U.S. Highway 19
CITY-ST-ZIP Port Richey, FL 34668

TITLE SD ☐ Delete
NAME BABINETZ, PAT
STREET ADDRESS 7817 CONOKESS STREET
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE TD ☐ Delete
NAME BALKCOM, RICH
STREET ADDRESS 8726 OLD CR 54
CITY-ST-ZIP NEW PORT RICHEY FL 34658

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

TITLE P ☐ Delete
NAME ALPINE, JOSEPH
STREET ADDRESS 5443 MAIN STREET
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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:

Kenneth Martin, D.D.S.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/01 727-849-0705

CR2E037 (10/00)