

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2002 8:00 am**
Secretary of State

02-05-2002 90081 009 *****61.25

DOCUMENT # 707904

1. Entity Name

WEST PASCO CHAMBER OF COMMERCE, INC.

Principal Place of Business

**5443 MAIN STREET
NEW PORT RICHEY, FL 34652
US**

Mailing Address

**5443 MAIN STREET
NEW PORT RICHEY FL 34652**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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**1/15/2002**

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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, KENNETH DDS	
STREET ADDRESS	4438 MADISON STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	1VD	<input type="checkbox"/> Delete
NAME	AUSTIN, CAMI	
STREET ADDRESS	6435 RIDGE ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	2VD	<input type="checkbox"/> Delete
NAME	MARLOWE, ROB	
STREET ADDRESS	8726 U.S. HIGHWAY 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BABINETZ, PAT	
STREET ADDRESS	7817 CONOKESS STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BALKCOM, RICH	
STREET ADDRESS	8726 OLD CR 54	
CITY-ST-ZIP	NEW PORT RICHEY FL 34658	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALPINE, JOSEPH	
STREET ADDRESS	5443 MAIN STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Mann	
STREET ADDRESS	7906 Ridge Road	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard C. Williams, Jr.	
STREET ADDRESS	6337 Grand Blvd.	
CITY-ST-ZIP	New Port Richey, FL 34652	
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** **Camie Austin****1/15/02****(727) 841-6677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)