

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715638

1. Entity Name:

FLORIDA GULF COAST PARALYZED VETERANS ASSOCIATIO

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90025 034 \*\*\*\*61.25

Principal Place of Business Mailing Address  
 121 W 122ND AVENUE 121 W 122ND AVENUE  
 TAMPA FL 33612 TAMPA FL 33612-4209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		23-7037565		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WONSEY, AMOS A. 6235 FLORIDA AVENUE, NEW PORT RICHEY, FL 121 WEST 122ND AVENUE. TAMPA FL 33612				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARNUM, ANGUS, A.	NAME	
STREET ADDRESS	8785 56TH ST., N.	STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33782	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, MICHAEL B	NAME	Skinner, Bruce L.
STREET ADDRESS	7537 HUMBOLDT AVENUE	STREET ADDRESS	P. O. Box 146 N/A
CITY-ST-ZIP	NEW PORT RICHEY FL	CITY-ST-ZIP	Odessa, FL 33556
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WONSEY, AMOS A.	NAME	
STREET ADDRESS	6235 FLORIDA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINNER, BRUCE L.	NAME	Tammy Jones
STREET ADDRESS	P O BOX 146 N/A	STREET ADDRESS	37252 Hill Top Drive
CITY-ST-ZIP	ODESSA FL	CITY-ST-ZIP	Zephyrhills, FL 33541
TITLE	ED <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELATORRO L. MCNEAL	NAME	
STREET ADDRESS	18419 TIMBERLAN DR	STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

April 5, 2000

(813)935-6540

SIGNATURE: *Amos A. Wonsey* **FILED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)