

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State
 01-29-2000 90005 003 ****61.25

DOCUMENT # 724994

1. Entity Name
440 WEST, INC.

Principal Place of Business 2753 STATE ROAD 580 #207 CLEARWATER FL 33761 US	Mailing Address 2753 STATE ROAD 580 #207 CLEARWATER FL 33761-3345 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1803782	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REARDON, MAUREEN C., CPM
PROGRESSIVE MANAGEMENT, INC.
2753 STATE ROAD 580, SUITE 207
CLEARWATER FL 34621

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code **33761**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input checked="" type="checkbox"/> Delete	REICHERT, GERALDINE 739 ABERDEEN DR CRETE IL 60417	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	WILLARD, GILLIAN 440 S. GULFVIEW BLVD. #807N CLEARWATER FL 33767
TITLE PD <input type="checkbox"/> Delete	WHITE, FRED 4734 OAKRIDGE DR TOLEDO OH 43623	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	440 S. GULFVIEW BLVD. #1406N CLEARWATER FL 33767
TITLE SD <input type="checkbox"/> Delete	SCOURTES, GEORGE 440 S. GULFVIEW BLVD. #306 CLEARWATER BEACH FL 33767	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	440 S. GULFVIEW BLVD. #306N
TITLE TD <input type="checkbox"/> Delete	DILLMAN, TOM 440 S GULFVIEW BLVD, #1605N CLEARWATER FL	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SOBIESZCZYK, HARRY 450 S. GULFVIEW BLVD. #302S CLEARWATER FL 33767
TITLE VD <input type="checkbox"/> Delete	WEEDEN, SAM 440 S GULFVIEW BLVD., #703 CLEARWATER BCH FL	TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete	LAPOINTE, NORMAND 450 S. GULFVIEW BLVD. #301 CLEARWATER BEACH FL 33767	TITLE S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	450 S. GULFVIEW BLVD. #301S

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: Red T. White 1-2-00 (727) 461-2888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #