

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728875

1. Entity Name

WEST PASCO MODEL PILOTS ASSOCIATION, INCORPORATE

FILED

Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90098 015 *****61.25

Principal Place of Business 9908 ST. JOSEPH CT NEW PORT RICHEY FL 34655 US	Mailing Address 9908 ST. JOSEPH CT NEW PORT RICHEY FL 34655-1445 US
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DO NOT WRITE IN THIS SPACE

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 59-1603184	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEIK, HENRY 9908 ST. JOSEPH CT. NEW PORT RICHEY FL 34655	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRASSE, ARTHUR 8652 LENOIR DR PORT RICHEY FL 34668 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, ROBERT 5523 MAGNOLIA WAY NEW PORT RICHEY FL 34652 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEIK, HENRY 9908 ST. JOSEPH CT NEW PORT RICHEY FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENN, HART 15705 PINTO PL TAMPA FL 33624 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERRILL, RICHARD 1507 WILLOWOOD LN LUTZ, FL. 33549 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRAFT, JAMES 4019 CLEAR SPRINGS RD SPRING HILL, FL. 34609 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Henry Weik 4/8/00 727 372 8970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #