

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/21

FILED
Feb 13, 2003 8:00 am
Secretary of State

01-21-2003 90171 002 ****61.25

DOCUMENT # 728875

1. Entity Name

**WEST PASCO MODEL PILOTS ASSOCIATION, INCORPORATE
D**



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
US

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEIK, HENRY
9908 ST. JOSEPH CT.
NEW PORT RICHEY FL 34655

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **VPD**
STREET ADDRESS **FLOOD, JOHN**
CITY-ST-ZIP **7021 PIN CHERRY**
PORT RICHEY FL 34668

TITLE ☒ Change ☐ Addition
NAME **D.P. PRESIDENT**
STREET ADDRESS **JOHN FLOOD**
CITY-ST-ZIP **7021 PIN CHERRY**
PORT RICHEY FL 34668

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **WEIK, HENRY**
CITY-ST-ZIP **9908 ST. JOSEPH CT**
NEW PORT RICHEY FL

TITLE ☐ Change ☒ Addition
NAME **D.V. VICE PRESIDENT**
STREET ADDRESS **PHILLIP KUMALEA**
CITY-ST-ZIP **7431 CARMEL AVE**
NEW PORT RICHEY FL 34655

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **CRAFT, JAMES**
CITY-ST-ZIP **4019 CLEAR SPRINGS RD**
SPRING HILL FL 34609

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

TITLE ☒ Delete
NAME **PD**
STREET ADDRESS **KIBBEY, DICK**
CITY-ST-ZIP **6717 FORREST VALE LANE**
TAMPA FL 33634

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: HENRY WEIK **11-03 727 372 8970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)