

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743571

1. Entity Name

WIMAUMA AREA IMPROVEMENT AUTHORITY, INC.

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90002 001 \*\*\*\*70.00

Principal Place of Business

1501 LA JOLLA AVE.  
SUN CITY CENTER FL 33573

Mailing Address

1501 LA JOLLA AVE.  
SUN CITY CENTER FL 33573-5329

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

59-1839157

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, LOU E  
526 MANATEE DRIVE  
RUSKIN FL 33570

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 *LOU E WILSON*

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCOMB, KENNETH	
STREET ADDRESS	2111 MEADOW	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKINSON, RONALD	
STREET ADDRESS	1511 KELLIWOOD ST	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, MARIE	
STREET ADDRESS	213 LINGER LANE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MELVIN LAMPE	
STREET ADDRESS	1214 WILD FEATHER LANE	
CITY-ST-ZIP	SUN CITY CNTR, FL 00000 33573	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, M	
STREET ADDRESS	1123 EL RANCHO DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ATKINS, CARYL	
STREET ADDRESS	1210 WILDFEATHER LANE	
CITY-ST-ZIP	SUN CITY CENTER FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*LOU E WILSON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/23/00*  
Date

*813-645-1569*  
Daytime Phone #

CR2E037 (9/99)