

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90151 031 ****70.00

DOCUMENT # **743571**

1. Entity Name

Wimauma Area Improvement Authority, Inc.



DO NOT WRITE IN THIS SPACE

90065720

2. Principal Place of Business

1501 La Jolla Ave

3. Mailing Address

P.O. Box 1058

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sun City Center, FL

City & State

Ruskin, FL

4. FEI Number

591837157

Applied For

Not Applicable

Zip

33573

Country

Zip

33575

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Loa Ellen Wilson

Street Address (P.O. Box Number is Not Acceptable)

409 E. College Ave

City

Ruskin

FL

Zip Code

33570

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

Loa Ellen Wilson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/03

DATE

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE: *D/P*
NAME: *McComb, Kenneth*
STREET ADDRESS: *2111 Meadowlark*
CITY-ST-ZIP: *Sun City Center, FL 33573*

TITLE: *D*
NAME: *Ronald Dickinson*
STREET ADDRESS: *1511 Kelliwood*
CITY-ST-ZIP: *Sun City Center, FL 33570*

TITLE: *O/S*
NAME: *Pat Toler*
STREET ADDRESS: *1407 El Rancho*
CITY-ST-ZIP: *Sun City Center, FL 33573*

TITLE: *D*
NAME: *Maria Wood*
STREET ADDRESS: *213 Linger Lane*
CITY-ST-ZIP: *Sun City Center, FL 33573*

TITLE: *O/T*
NAME: *Malvin Lampe*
STREET ADDRESS: *1214 Wild Feather Lane*
CITY-ST-ZIP: *Sun City Center, FL 33573*

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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TITLE: _____
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 on an attachment with an address, with all other like empowered.

SIGNATURE

Kenneth McComb

3/28/03

93-645-1569

CR2E037B (12/02)