

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000007244**

1. Entity Name

WESTCARE FOUNDATION, INC.**FILED****May 17, 2001 8:00 am**
Secretary of State

05-17-2001 91279 034 ****61.25

Principal Place of Business

**300 EAST CHARLESTON BLVD
STE 201
LAS VEGAS NV 89104**

Mailing Address

**300 EAST CHARLESTON BLVD
STE 201
LAS VEGAS NV 89104****765517**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

86-0852629

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**WOLFE, RICHARD E
341 3RD STREET SOUTH
ST PETERSBURG FL 33701**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WADHAMS, JAMES L 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS NV ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASSINGER, MARY 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS NV ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEYSER, FRANK 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS NV ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, TEX 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS NV ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DICK 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS NV ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, WILLIAM 300 EAST CHARLESTON BLVD., STE 201 LAS VEGAS NV ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Steinberg ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:

SIGNATURE REQUIRED

CR2E037 (10/00)