

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05777

1. Entity Name

WEST COAST HEALTHCARE COALITION, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90082 020 ****61.25

Principal Place of Business

Mailing Address

6637 SUPERIOR AVE. #C
SARASOTA FL 34231

6637 SUPERIOR AVE. #C
SARASOTA FL 34231-5637

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2499441

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

7. Name and Address of New Registered Agent

PIATEK, EUGENE S
6637 SUPERIOR AVE
STE - C
SARASOTA FL 34231

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PIATEK, EUGENE S	
STREET ADDRESS	6637 SUPERIOR AVE #C	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HAWTHORNE, BARBARA	
STREET ADDRESS	1001 13TH AVE. E.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JENNIS, KAREN	
STREET ADDRESS	1651 WHITFIELD AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSBORNE, BRENDA	
STREET ADDRESS	215 MANATEE AVE WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDERSON, LARRY	
STREET ADDRESS	2074 WHITFIELD AVE. E.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOPIK, STEPHEN M.	
STREET ADDRESS	1806 38TH AVE. E.	
CITY-ST-ZIP	BRADENTON 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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

941-923-1697

Daytime Phone #

CR2E037 (9/99)