

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11721

1. Entity Name

WEST COAST RADIO CONTROL CLUB, INC.

Principal Place of Business

17302 N. DALE MABRY HWY  
LUTZ FL 33549  
US

Mailing Address

4238 GOLF CLUB LANE  
TAMPA FL 33624-2728

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

59-2894807

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

REELFS, BRET  
4238 GOLF CLUB LANE  
TAMPA FL 33624

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 DP ☒ Delete  
NAME HOCK, BILL  
STREET ADDRESS 3625 SIMCOE  
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE DS ☐ Delete  
NAME SINSABAUGH, KELLIE  
STREET ADDRESS 6020 FLORIDA AVENUE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE DS ☒ Change ☐ Addition  
NAME SINSABAUGH, KELLIE  
STREET ADDRESS 5117 STARDAL DR  
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE DVT ☐ Delete  
NAME REELFS, BRET  
STREET ADDRESS 4238 GOLF CLUB LANE  
CITY-ST-ZIP TAMPA FL

TITLE DP ☒ Change ☐ Addition  
NAME REELFS, BRET  
STREET ADDRESS 4238 GOLF CLUB LANE  
CITY-ST-ZIP TAMPA FL 33624

TITLE DV ☐ Delete  
NAME SANYET, JR  
STREET ADDRESS 6767 OLD PASCO RD.  
CITY-ST-ZIP WESLEY CHAPEL FL 33544

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVT ☐ Change ☒ Addition  
NAME ALAN MIDORO  
STREET ADDRESS 8511 WOODLAKE DR  
CITY-ST-ZIP TAMPA, FL 33615

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:

*Bret Reelfs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00

813/968-3083

Date

Daytime Phone #