

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90092 002 ****61.25

DOCUMENT # N11721

1. Entity Name

WEST COAST RADIO CONTROL CLUB, INC.

Principal Place of Business

Mailing Address

17302 N. DALE MABRY HWY
LUTZ FL 33549
US

4238 GOLF CLUB LANE
TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WESLEY CHAPEL, FL

4. FEI Number

59-2894807

Applied For

Not Applicable

Zip

Country

Zip

Country

33544 USA

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

ESMERALDO SANYET JR.

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

6767 OLD PASCO RD

WESLEY CHAPEL, FLORIDA

City

FL

Zip Code

33544

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

Esmeraldo Sanyet Jr

ESMERALDO SANYET JR

4-08-01

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	DVT	<input checked="" type="checkbox"/> Delete
NAME	MIDORO, ALAN	
STREET ADDRESS	8511 WOODLAKE DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SINSABAUGH, KELLIE	
STREET ADDRESS	5117 STARDAL DR	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	REELFS, BRET	
STREET ADDRESS	4238 GOLF CLUB LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SANYET, JR	
STREET ADDRESS	6767 OLD PASCO RD.	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN WILLIAMS JR.	
STREET ADDRESS	3906 CARROLLWOOD PL CIR #303	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLIE ANDERSON	
STREET ADDRESS	4450 SWANOWITAIL DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYAN FENSTERMACHER	
STREET ADDRESS	3942 ADELAIDE LP	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	DVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANYET, ESMEALDO	
STREET ADDRESS	6767 OLD PASCO RD	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
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:

Esmeraldo Sanyet Jr
ESMERALDO SANYET JR

4-8-01

813-623-3571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)