

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15541

1. Entity Name

WEEKI WACHEE CRIME WATCH INC.

Principal Place of Business

Mailing Address

7383 SHOAL LINE BLVD.
WEEKI WACHEE FL 34607
US

7383 SHOAL LINE BLVD.
WEEKI WACHEE FL 34607
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWELL, HOWARD J
7388 GETTYSBURG DR
WEEKI WACHEE FL 34607

Name **HOWARD NEWELL**
Street Address (R.O. Box Number is Not Acceptable)
7388 GETTYSBURG DR
City **WEEKI WACHEE** FL Zip Code **34607**

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

Howard Newell

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

(NOTE: Registered Agent signature required when reinstating)

300004035719
-04/20/01--01062--021
***236.25 ***236.25

FILE NOW: FEE IS \$81.25
After September 13, 2000 min. will be \$236.25

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 **P** ☐ Delete
NAME **MORTON, CHARLES**
STREET ADDRESS **6991 E RICHARD DRIVE**
CITY-ST-ZIP **WEEKI WACHEE FL 34607**

TITLE **V** ☐ Delete
NAME **NEWELL, HOWARD J**
STREET ADDRESS **7388 GETTYSBURG DR**
CITY-ST-ZIP **WEEKI WACHEE FL 34607**

TITLE **S** ☐ Delete
NAME **MORTON, PAULA**
STREET ADDRESS **6991 E RICHARD DRIVE**
CITY-ST-ZIP **WEEKI WACHEE FL 34607**

TITLE **D** ☐ Delete
NAME **LENHARD, EDARD**
STREET ADDRESS **7270 ARBORALE DR**
CITY-ST-ZIP **WEEKI WACHEE FL 34607**

TITLE **D** ☐ Delete
NAME **HUNTINGTON, JERE**
STREET ADDRESS **6465 THERESA AVENUE**
CITY-ST-ZIP **WEEKI WACHEE FL 34607**

TITLE **D** ☐ Delete
NAME **WIEJECHA, JULIE**
STREET ADDRESS **7279 WIMBERLY CT**
CITY-ST-ZIP **WEEKI WACHEE FL 34607**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **HOWARD NEWELL**
STREET ADDRESS **7388 GETTYSBURG DR**
CITY-ST-ZIP **WEEKI WACHEE, FL 34607**

TITLE **V** ☒ Change ☐ Addition
NAME **RICHARD SHOTTS**
STREET ADDRESS **4372 RICHARD DR**
CITY-ST-ZIP **WEEKI WACHEE, FL 34607**

TITLE **S** ☒ Change ☐ Addition
NAME **DOANITY NEWELL**
STREET ADDRESS **7388 GETTYSBURG DR**
CITY-ST-ZIP **WEEKI WACHEE, FL 34607**

TITLE **D** ☐ Change ☒ Addition
NAME **MORTON, CHARLES**
STREET ADDRESS **6991 E. RICHARD DR**
CITY-ST-ZIP **WEEKI WACHEE, FL 34607**

TITLE **D** ☐ Change ☒ Addition
NAME **KARON LENHARD**
STREET ADDRESS **7270 ARBORALE DR**
CITY-ST-ZIP **WEEKI WACHEE, FL 34607**

TITLE **D** ☐ Change ☒ Addition
NAME **FRANCIS HILL**
STREET ADDRESS **6291 SERRANO DR**
CITY-ST-ZIP **WEEKI WACHEE, FL 34607**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of Officer or Director

12-4-2000

Date

Daytime Phone



REINSTATEMENT

4. FEI Number 59-2682382

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CR2E037 (5/00)

2/21/01