

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90090 046 ****61.25

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

4. FEI Number

59-2682382

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

NEWELL, HOWARD
7388 GETTYSBURG DR
WEEKI WACHEE FL 34607

Name

Charles Morton

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

6991 E. Richard 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NEWELL, HOWARD	
STREET ADDRESS	7398 GETTYSBURG DR	
CITY-ST-ZIP	WEEKI WACHEE FL 34607	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHOTTS, RICHARD	
STREET ADDRESS	6372 RICHARD DR	
CITY-ST-ZIP	WEEKI WACHI FL 34607	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEWELL, DOROTHY	
STREET ADDRESS	7398 GETTYSBURG DR	
CITY-ST-ZIP	WEEKI WACHEE FL 34607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORTON, CHARLES	
STREET ADDRESS	6991 E RICHARD DR	
CITY-ST-ZIP	WEEKI WACHEE FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENHARD, KARON	
STREET ADDRESS	7270 ARBORDALE DR	
CITY-ST-ZIP	WEEKI WACHEE FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, FRANCES	
STREET ADDRESS	6291 SEBRING DR	
CITY-ST-ZIP	WEEKI WACHEE FL 34607	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Morton	
STREET ADDRESS	6991 E. Richard Dr.	
CITY-ST-ZIP	Weeki Wachee, Fl. 34607	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alice D. Moore	
STREET ADDRESS	6342 Fine St.	
CITY-ST-ZIP	Weeki Wachee, Fl. 34607	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jere Huntington	
STREET ADDRESS	6465 Theresa Ave.	
CITY-ST-ZIP	Weeki Wachee, Fl 34607	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julia Wiejecki	
STREET ADDRESS	3140 Forest Hill	
CITY-ST-ZIP	Spring Hill, Fl. 34606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Wenzel	
STREET ADDRESS	6344 Theodan St.	
CITY-ST-ZIP	Weekie Wachee, Fl. 34607	
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

9/11/02

352-577-4424

CR2E037 (4/02)