

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28939

1. Entity Name

FLORIDA WEST COAST REGION AACA, INC.

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90020 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7400 BAY ST. NE  
 ST. PETERSBURG FL 33702  
 US

7400 BAY ST. NE  
 ST. PETERSBURG FL 33702-5436  
 US

2. Principal Place of Business

14968 Imperial Pt. Dr. N.  
 Suite, Apt. #, etc.

3. Mailing Address

14968 Imperial Pt. Dr. N.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 LARGO FL

Country  
 PINELLAS

City & State  
 LARGO FL

Country  
 PINELLAS

4. FEI Number

59-2682346

Applied For

Not Applicable

Zip  
 33774

Country  
 PINELLAS

Zip  
 33774

Country  
 PINELLAS

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, FRANK J.  
 7400 BAY ST. NE  
 ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name: LOIS M. BLACKARD  
 Street Address (P.O. Box Number is Not Acceptable): 14968 Imperial Pt. Dr. N.  
 City: LARGO FL Zip Code: 33774

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: *Lois M. Blackard*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 2/2/2000

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BROWN, FRANK J.	
STREET ADDRESS	7500 BAY ST. NE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLS, BEVERLY	
STREET ADDRESS	7929 98TH ST N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOUFF, JIM	
STREET ADDRESS	10023 109TH STREET NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BLACKARD, LOIS	
STREET ADDRESS	14968 IMPERIAL POINT DRIVE	
CITY-ST-ZIP	LARGO FL 34644	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOURCHISIN, DAVID	
STREET ADDRESS	5330 14 AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKOVER, TOM	
STREET ADDRESS	32348 CAROLINES PATH	
CITY-ST-ZIP	DADE CITY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKARD, LOIS	
STREET ADDRESS	PRESIDENT 14968 IMPERIAL PT. DR. N.	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT CHRIS BAILEY	
STREET ADDRESS	428 EAST ORANGE ST	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
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		
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: *Lois M. Blackard*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 2/2/2000

DAYTIME PHONE #: (737) 595-7534

CR2E037 (9/99)