

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90104 039 ****61.25

DOCUMENT # N28939

1. Entity Name

FLORIDA WEST COAST REGION AACA, INC.

Principal Place of Business

14968 IMPERIAL PT DR N
 LARGO FL 33774
 US

Mailing Address

14968 IMPERIAL PT DR N
 LARGO FL 33774
 US

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

59-2682346

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

BLACKARD, LOIS M
14968 IMPERIAL PT DR N
LARGO FL 33774

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

Lois Blackard, President

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 NAME Delete
P
BLACKARD, LOIS
 STREET ADDRESS **14968 IMPERIAL PT DR N**
 CITY-ST-ZIP **LARGO FL 33774**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
T
MILLS, BEVERLY
 STREET ADDRESS **7929 98TH ST N**
 CITY-ST-ZIP **SEMINOLE FL**

TITLE NAME Change Addition
T
Fatzler, Eileen
 STREET ADDRESS **14755 Crown dr.**
 CITY-ST-ZIP **largo, Fl. 33774**

TITLE NAME Delete
S
HOUFF, JIM
 STREET ADDRESS **10023 109TH STREET NORTH**
 CITY-ST-ZIP **SEMINOLE FL**

TITLE NAME Change Addition
SS
Attenhofer, Edith
 STREET ADDRESS **2132 Dodge St.**
 CITY-ST-ZIP **Clearwater, fl. 33760**

TITLE NAME Delete
VP
BAILEY, CHRIS
 STREET ADDRESS **428 E ORANGE ST**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE NAME Change Addition
D
Burgun, Wm
 STREET ADDRESS **8695 112th st N**
 CITY-ST-ZIP **Seminole, Fl. 33772**

TITLE NAME Delete
D
YOURCHISIN, DAVID
 STREET ADDRESS **5330 14 AVENUE NORTH**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE NAME Change Addition
D
Smith, Barbara
 STREET ADDRESS **1924 Dolphin Blvd., St. Pete Fl.**
 CITY-ST-ZIP **33707**

TITLE NAME Delete
D
BROOKOVER, TOM
 STREET ADDRESS **32348 CAROLINES PATH**
 CITY-ST-ZIP **DADE CITY FL**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois Blackard

1/16/01

Date

Daytime Phone #

CR2E037 (10/00)