

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90456 036 \*\*\*\*61.25

**DOCUMENT # N28939**

1. Entity Name

**FLORIDA WEST COAST REGION AACA, INC.**

Principal Place of Business

Mailing Address

14968 IMPERIAL PT DR N  
 LARGO FL 33774  
 US

14968 IMPERIAL PT DR N  
 LARGO FL 33774  
 US

2. Principal Place of Business

428 E. Orange St.  
 Suite, Apt. #, etc.

3. Mailing Address

428 E. Orange St.  
 Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Tarpon Springs, FL

4. FEI Number

59-2682346

Applied For

Not Applicable

Zip  
 34689

Country  
 US

Zip  
 34689

Country  
 US

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **Bailey, Christopher, T.**  
 Street Address (P.O. Box Number is Not Acceptable): **428 E. Orange St.**  
 City: **Tarpon Springs** FL Zip Code: **34689**

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

*Christopher T. Bailey*

6-1-02

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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLACKARD, LOIS</b>	
STREET ADDRESS	<b>14968 IMPERIAL PT DR N</b>	
CITY-ST-ZIP	<b>LARGO FL 33774</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FATZLER, EILEEN</b>	
STREET ADDRESS	<b>14755 CROWN DR</b>	
CITY-ST-ZIP	<b>LARGO FL 33774</b>	
TITLE	<b>SS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ATTENHOFER, EDITH</b>	
STREET ADDRESS	<b>2132 DODGE ST.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33760</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAILEY, CHRIS</b>	
STREET ADDRESS	<b>428 E ORANGE ST</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BURGUN, WM</b>	
STREET ADDRESS	<b>8695 112TH ST. N</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, BARBARA</b>	
STREET ADDRESS	<b>1924 DOLPHIN BLVD ST.</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33707</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bailey, Christopher T.</b>	
STREET ADDRESS	<b>428 E. Orange St.</b>	
CITY-ST-ZIP	<b>Tarpon Springs, FL 34689</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Houff, Jim</b>	
STREET ADDRESS	<b>10023 109 street N.</b>	
CITY-ST-ZIP	<b>Seminole, FL 33772</b>	
TITLE	<b>SS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Houff, Jim</b>	
STREET ADDRESS	<b>10023 109 street N.</b>	
CITY-ST-ZIP	<b>Seminole, FL 33772</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Whissel, Rick</b>	
STREET ADDRESS	<b>655 Riviere Road</b>	
CITY-ST-ZIP	<b>Palm Harbor, FL 34683</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Golden, Jerry</b>	
STREET ADDRESS	<b>835 4th Ave. N.W.</b>	
CITY-ST-ZIP	<b>Largo, FL 33770</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Snyder, Charles</b>	
STREET ADDRESS	<b>1847 Shore Dr. So. Apt 218</b>	
CITY-ST-ZIP	<b>So. Pasadena, FL 33707</b>	

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:

*Christopher T. Bailey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-02 727-562-2040  
 Date Daytime Phone #

CR2E037 (9/01)