2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # N36085 Aug 02, 2000 8:00 am Secretary of State 1. Entity Name THE FLORIDA WEST COAST CHAPTER, INC. 08-02-2000 90124 014 ****61.25 Principal Place of Business Mailing Address 4421 8TH AVE. N. 4421 8TH AVE. N. P.O. BOX 22951 P.O. BOX 22951 ST. PETERSBURG FL 33742 ST. PETERSBURG FL 33742 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2796111 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MCCURRY, JUNE 1112 38 AVENUE NE SAINT PETERSBURG FL 33704 City 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 DATE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees After September 13, 2000 min. will be \$236.25 **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change ☐ Addition Delete Marvin, Linda NAME NAME 146 20TH AVE NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33704 TITLE ☐ Change TITLE **Delete** MCCURRY, JUNE NAME NAME STREET ADDRESS 1112 38TH AVENUE NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 <u> 33513</u> TITEF TITLE HEINTZ, JOHN NAME NAME P.O. BAX 2016 STREET ADDRESS 11735 KAY COURT STREET ADDRESS CITY-ST-ZIF LARGO FL 34648 CITY-ST-7IP TITLE ☐ Change Addition TITLE Delete Delete Greenwood, Debbie LINER, JUDY NAME NAME P O BOX 2016 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE LUTZ FL 33549 PAIM Addition TITLE Delete TITLE HANKINS, TERRYLEA NAME NAME STREET ADDRESS 146 20TH AVENUE NE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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), Florda 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