

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90039 023 \*\*\*\*61.25

**DOCUMENT # N37597**

1. Entity Name

**WEEKI, WACHEE NORTH CRIME WATCH INCORPORATED**

Principal Place of Business

Mailing Address

C/O KEN WILKINSON  
 10400 AMITY AVENUE  
 BROOKSVILLE FL 34614

C/O KEN WILKINSON  
 10400 AMITY AVENUE  
 BROOKSVILLE FL 34614

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

**59-2995152**

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

Name

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

City

**FL**

Zip Code

**WILKINSON, KEN AND DEE  
 10400 AMITY AVE  
 KEN-DEE INC PRES  
 BROOKSVILLE FL 34614**

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

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 STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DREYER, CLIFFORD</b> <b>12359 MAGIC LA</b> <b>BROOKSVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HARVEY, RICHARD</b> <b>12359 PORSCHE LN</b> <b>BROOKSVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WINSTANLEY, RONALD</b> <b>16419 AMITY AVE</b> <b>BROOKSVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JOHNSTON, WALTER</b> <b>12379 CORDOVA LN</b> <b>BROOKSVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSTE</b> <b>KINCAID, AGNES</b> <b>12337 CORDOVA LN</b> <b>BROOKSVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSTE</b> <b>CRANNIE, JAMES</b> <b>12331 PORSCHE LN</b> <b>BROOKSVILLE FL</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Richardd Harvey</b> <b>12359 Porsche La.</b> <b>Brooksville, Fl 34614</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>George Lepper</b> <b>12379 Zephyr La.</b> <b>Brooksville, Fl. 34614</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Ronald Winstanley</b> <b>12354 Corvette La.</b> <b>Brooksville, Fl 34614</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Lucille Guay</b> <b>10487 Amity Ave.</b> <b>Brooksville, Fl. 34614</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSTE</b> <b>Agnus Zelinski</b> <b>12370 Zephyr La.</b> <b>Brooksville, Fl. 34614</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSTE</b> <b>Albert Guay</b> <b>10487 Amity Ave.</b> <b>Brooksville, Fl. 34614</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Richard Harvey* 2-401 596-7494

Date

Daytime Phone #

CR2E037 (10/00)