

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37597

1. Entity Name

WEEKI WACHEE NORTH CRIME WATCH INCORPORATED

Principal Place of Business

C/O KEN WILKINSON  
10400 AMITY AVENUE  
BROOKSVILLE FL 34614

Mailing Address

C/O KEN WILKINSON  
10400 AMITY AVENUE  
BROOKSVILLE FL 34614

2. Principal Place of Business

SAL'S AT WEEKI WACHEE NORTH

3. Mailing Address

SAL'S AT WEEKI WACHEE NORTH

Suite, Apt. #, etc.

10400 Amity Ave.

Suite, Apt. #, etc.

10400 Amity Ave.

City & State

Brooksville, FL.

City & State

Brooksville, FL.

Zip

34614

Country

U.S.A.

Zip

34614

Country

U.S.A.

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Terrence SALS  
Street Address (P.O. Box Number is Not Acceptable)  
10400 Amity Ave  
City Brooksville FL Zip Code 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

1/30/02

9

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 NAME STREET ADDRESS CITY-ST-ZIP	P HARVEY, RICHARD 12359 PORSCHE LA BROOKSVILLE FL 34614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEPPER, GEORGE 12379 ZEPHYR LA BROOKSVILLE FL 34614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINSTANLEY, RONALD 12354 CORVETTE LA BROOKSVILLE FL 34614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUAY, LUCILLE 10487 AMITY AVE BROOKSVILLE FL 34614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSTE ZELINSKI, AGNUS 12370 ZEPHYR LA BROOKSVILLE FL 34614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSTE GUAY, ALBERT 10487 AMITY AVE BROOKSVILLE FL 34614	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: Terrence SALS

1-31-02 596-7494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)