

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90039 002 \*\*\*\*70.00

DOCUMENT # **N 375917**

Entity Name  
**WEEKI WACAGE NORTH  
CRIME WATCH INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**12359 Porsche Lane**

3. Mailing Address

Suite, Apt. #, etc.

**Brooksville Fla.**

Suite, Apt. #, etc.

City & State

Zip  
**34614**

Country  
**HERNANDO**

Zip

Country

**54019649**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2995152**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Richard Harvey**

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

**12359 Porsche Lane**

City

**Brooksville Florida**

FL

Zip Code

**34614**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>PRESIDENT</b>
NAME	<b>RICHARD HARVEY</b>
STREET ADDRESS	<b>12359 Porsche Lane</b>
CITY-ST-ZIP	<b>BROOKSVILLE FLA. 34614</b>
TITLE <b>V.P.</b>	<b>VICE PRESIDENT</b>
NAME	<b>FRANK SPIRES</b>
STREET ADDRESS	<b>12344 Porsche Lane</b>
CITY-ST-ZIP	<b>BROOKSVILLE FLA. 34614</b>
TITLE	<b>S RONALD WINSTADLEY</b>
NAME	<b>12354 CORVETTE LANE</b>
STREET ADDRESS	<b>BROOKSVILLE FLA. 34614</b>
CITY-ST-ZIP	
TITLE	<b>T RICHARD ROTUNDA</b>
NAME	<b>10506 SHAWNGE RD.</b>
STREET ADDRESS	<b>BROOKSVILLE FLORIDA 34614</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Richard Harvey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 15-04**

Date

Daytime Phone #

CR2E037B (12/02)