

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N37597

FILED  
Feb 17, 2003  
Secretary of State

**Entity Name:** WEEKI WACHEE NORTH CRIME WATCH INCORPORATED

**Current Principal Place of Business:**

SAL'S AT WEEKI WACHEE NORTH  
10400 AMITY AVENUE  
BROOKSVILLE, FL 34614

**New Principal Place of Business:**

**Current Mailing Address:**

SAL'S AT WEEKI WACHEE NORTH  
10400 AMITY AVENUE  
BROOKSVILLE, FL 34614

**New Mailing Address:**

**FEI Number:** 59-2995152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALS, TERRENCE  
10400 AMITY AVENUE  
BROOKSVILLE, FL 34614 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HARVEY, RICHARD  
Address: 12359 PORSCHE LA  
City-St-Zip: BROOKSVILLE, FL 34614

Title: VP ( ) Delete  
Name: LEPPER, GEORGE  
Address: 12379 ZEPHYR LA  
City-St-Zip: BROOKSVILLE, FL 34614

Title: S ( ) Delete  
Name: WINSTANLEY, RONALD  
Address: 12354 CORVETTE LA  
City-St-Zip: BROOKSVILLE, FL 34614

Title: T ( ) Delete  
Name: GUAY, LUCILLE  
Address: 10487 AMITY AVE  
City-St-Zip: BROOKSVILLE, FL 34614

Title: TSTE ( ) Delete  
Name: ZELINSKI, AGNUS  
Address: 12370 ZEPHYR LA  
City-St-Zip: BROOKSVILLE, FL 34614

Title: TSTE ( ) Delete  
Name: GUAY, ALBERT  
Address: 10487 AMITY AVE  
City-St-Zip: BROOKSVILLE, FL 34614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD HARVEY

PRES

02/17/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date