

FILED
May 16, 2000 8:00 am
Secretary of State

01-12-2000 90065 013 ****70.00

DOCUMENT # IN41457

1. Entity Name

WEST COAST REGIONAL CASE MANAGEMENT ASSOCIATION.

Principal Place of Business

1205 MAGDALENE GROVE AVENUE
TAMPA FL 33613

Mailing Address

1205 MAGDALENE GROVE AVENUE
TAMPA FL 33613-2024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3063695

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERGMANN, BARBARA
1205 MAGDALENE GROVE AVENUE
TAMPA FL 33613

Name

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

City

FL

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

Barbara Bergmann (reinstating) Barbara Bergmann

1-4-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME ASKEW, PAMELA
 STREET ADDRESS 12519 BRONCO DRIVE
 CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Change ☒ Addition
 NAME Bergmann, Barbara
 STREET ADDRESS 1205 Magdalene Grove Ave
 CITY-ST-ZIP Tampa, FL 33613

TITLE ☒ Delete
 NAME VPD
 NAME SAFFANEK, JOYCE
 STREET ADDRESS 874 TRADEWINDS TRAIL
 CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Change ☒ Addition
 NAME (3) Anne Moon
 STREET ADDRESS 17724 Morninghigh Dr
 CITY-ST-ZIP Lutz, FL 33544

TITLE ☐ Delete
 NAME TD
 NAME BERGMANN, BARBARA *Pana Treas*
 STREET ADDRESS 1205 MAGDALENE GROVE AVENUE
 CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 NAME PEREZ, MARJORIE
 STREET ADDRESS 609 E. S. GLEN AVENUE
 CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME D
 NAME DOYLE, WILLIAM
 STREET ADDRESS 1113 DUNCAN AVENUE S.
 CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE (4) Secretary
 NAME Fran Basista
 STREET ADDRESS 2711 44th St N.
 CITY-ST-ZIP St Petersburg, FL 33713

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Barbara Bergmann (reinstating) Barbara Bergmann

1-4-2000

813-962-3942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH24137 (9/99)