

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90054 014 \*\*\*\*70.00

**DOCUMENT # N41457**

1. Entity Name

**WEST COAST REGIONAL CASE MANAGEMENT ASSOCIATION, INC.**



Principal Place of Business

**1205 MAGDALENE GROVE AVENUE  
TAMPA FL 33613**

Mailing Address

**1205 MAGDALENE GROVE AVENUE  
TAMPA FL 33613**

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**

☐ CHECK HERE IF MAKING CHANGES



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

SIGNATURE

*Barbara Bergmann* **Barbara Bergmann Treas.**

**1-5-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **ROTHMAN, PHYLLIS**  
CITY-ST-ZIP **161 79TH ST SOUTH  
SAINT PETERSBURG FL 33707**

TITLE ☐ Change ☒ Addition  
NAME **VPD**  
STREET ADDRESS **Rosemarie Bakshi's**  
CITY-ST-ZIP **489 Waterford Circle E  
Tarpon Spgs, FL 34688**

TITLE ☒ Delete  
NAME **VPD**  
STREET ADDRESS **UHNAVY, LESLIE**  
CITY-ST-ZIP **9736 SWEEPING VIEW DR  
NEW PORT RICHEY FL 34655**

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

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **BERGMAN, BARBARA**  
CITY-ST-ZIP **1205 MAGDARENE GROVE AVE  
TAMPA FL 33613**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SINNREICH, KAREN**  
CITY-ST-ZIP **16314 VILLARREAL DE AVILA  
TAMPA FL 33613**

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **DESLANDES, CHRIS**  
CITY-ST-ZIP **6068 3RD AVE N  
SAINT PETERSBURG FL 33710**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

**1-5-03**

**813-962-3942**

Date

Daytime Phone #

CR2E037 (10/02)