

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90084 025 \*\*\*\*61.25

**DOCUMENT # N42523**

1. Entity Name

**WESTCHASE COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4131 GUNN HIGHWAY  
 TAMPA FL 32908  
 US

4131 GUNN HIGHWAY  
 TAMPA FL 33624-4725  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3082256**

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

~~FLOWERS, GAIL E LCAM~~  
~~4131 GUNN HWY.~~  
~~TAMPA FL 33624~~

Name

**ROGANNE M. CLARK**

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

**4131 GUNN HWY**

City

**TAMPA**

FL

Zip Code

**33624**

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

*Roganne M. Clark*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-15-00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KONOPKA, GARY</b>
STREET ADDRESS	<b>10548 GREENSPRINGS DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33626</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JOHNSTON, TY</b>
STREET ADDRESS	<b>8505 FRONTAGE RD., STE 145</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SURLES, FRAN</b>
STREET ADDRESS	<b>12417 EDENFIELD AVENUE</b>
CITY-ST-ZIP	<b>TAMPA FL 33626</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>TULLY, VICTORIA</b>
STREET ADDRESS	<b>9862 BRIDGETON DRIVE</b>
CITY-ST-ZIP	<b>TAMPA FL 33626</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>KUNKEL, BRENDA</b>
STREET ADDRESS	<b>3505 FRONTAGE RD., STE. 145</b>
CITY-ST-ZIP	<b>TAMPA FL 33626</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SEWELL, BRIAN</b>
STREET ADDRESS	<b>3505 FRONTAGE RD., STE. 145</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P BOB ARGUS</b>
STREET ADDRESS	<b>12021 BREWSTER</b>
CITY-ST-ZIP	<b>TAMPA FL 33626</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VP PAM PRYBNER</b>
STREET ADDRESS	<b>10350 ABBOTTS FORD</b>
CITY-ST-ZIP	<b>TAMPA FL 33626</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D RICHARD O'KEEFE</b>
STREET ADDRESS	<b>9826 GINGERWOOD</b>
CITY-ST-ZIP	<b>TAMPA FL 33626</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Robert L. Adams, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/28/00**

**813-818-9850**

Daytime Phone #

CR2E037 (9/99)

00013026



DO NOT WRITE IN THIS SPACE