

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42523

1. Entity Name

WESTCHASE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4131 GUNN HIGHWAY  
TAMPA FL 32808  
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

Zip

Country

Zip

Country

4. FEI Number

59-3082256

Applied For

Not Applicable

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P BOB ARGUS 12027 BREWSTER TAMPA FL 33626	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP PAM PRYBNER 10350 ABBOTTSFORD TAMPA FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D RICHARD O'KEEFE 9826 GINGERWOOD TAMPA FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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. Thomas, Jr.*

ROBERT L. THOMAS, JR.

1/20/00

813-818-9850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

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

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

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DO NOT WRITE IN THIS SPACE