

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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90148 010 \*\*\*\*61.25

**DOCUMENT # N42535**

**1. Entity Name**  
**THE WESTSHORE ALLIANCE PARTNERSHIP SCHOOL, INC.**



**Principal Place of Business**

**2203 N. LOIS AVENUE  
TAMPA FL 33607  
US**

**Mailing Address**

**2203 N. LOIS AVENUE  
TAMPA FL 33607  
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 59-3070964**

Applied For

Not Applicable

**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**

**MORRIS, DANNY  
2203 N. LOIS AVENUE  
TAMPA FL 33607**

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**

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**

**TITLE** DVP ☐ Delete  
**NAME** REED, JAMES  
**STREET ADDRESS** 5444 BAY CTR DR #115  
**CITY-ST-ZIP** TAMPA FL 33609

**TITLE** DT ☐ Delete  
**NAME** WESSMAN, JIM  
**STREET ADDRESS** 5444 BAY CTR DR #115  
**CITY-ST-ZIP** TAMPA FL 33609

**TITLE** DPC ☐ Delete  
**NAME** ROTELLA, RONALD T  
**STREET ADDRESS** 5444 BAY CTR DR #115  
**CITY-ST-ZIP** TAMPA FL 33609

**TITLE** D ☐ Delete  
**NAME** MORRIS, DANNY  
**STREET ADDRESS** 2203 N. LOIS AVENUE  
**CITY-ST-ZIP** TAMPA FL 33607

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

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**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 another like empowered.**

**SIGNATURE:**

*Danny Morris*  
**REQUIRED**

1-17-03 - 813-873-2063

CR2E037 (10/02)