

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 03, 2000 8:00 am
Secretary of State

04-07-2000 90042 022 ****61.25

DOCUMENT # N46431

1. Entity Name

WEST COAST CHILD CARE FOOD PROGRAM, INC.

Principal Place of Business

4550 BAY BLVD #1244
 PORT RICHEY FL 34668

Mailing Address

4550 BAY BLVD #1244
 PORT RICHEY FL 34668-6162

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

59-3103077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DUFFEY, ALEDA A.
4550 BAY BLVD
STE - 1244
PORT RICHEY FL 34688

7. Name and Address of New Registered Agent

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

Aleda A. Duffey Pres.

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

(NOTE: Registered Agent signature required when reinstating)

Aleda A. Duffey

4-3-00

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **DUFFEY, ALEDA A.**
 STREET ADDRESS **4550 BAY BLVD / STE - 1244**
 CITY-ST-ZIP **PORT RICHEY FL**

TITLE **D** ☒ Delete
 NAME **HANSEN, MARCIA**
 STREET ADDRESS **4560 HOLLY LAKE DR**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE **D** ☒ Delete
 NAME **FIELDING, STEVEN**
 STREET ADDRESS **910 NORTH O STREET**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **PD** ☐ Change ☐ Addition
 NAME **Duffey, Aleda A.**
 STREET ADDRESS **4550 Bay Blvd / 1244**
 CITY-ST-ZIP **Port Richey FL 34668**

TITLE **D v/t** ☐ Change ☒ Addition
 NAME **Susanne Motroni**
 STREET ADDRESS **8500 Thrasher**
 CITY-ST-ZIP **New-Port Richey FL 34654**

TITLE **D S** ☐ Change ☒ Addition
 NAME **Melinda Guarino**
 STREET ADDRESS **3434 Seffner Dr**
 CITY-ST-ZIP **Holiday FL 34691**

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

TITLE ☐ Change ☐ Addition
 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:

Aleda A. Duffey President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-00

27844-3303

CR2E037 (9/99)