

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90186 040 ****61.25

DOCUMENT # N46431

1. Entity Name

WEST COAST CHILD CARE FOOD PROGRAM, INC.

Principal Place of Business

Mailing Address

**4550 BAY BLVD #1244
 PORT RICHEY FL 34668**

**4550 BAY BLVD #1244
 PORT RICHEY FL 34668**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3103077

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

**DUFFEY, ALEDA A.
 4550 BAY BLVD
 STE - 1244
 PORT RICHEY FL 34668**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE 2-8-02

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

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

TITLE **DVT** ☐ Delete
 NAME **MOTRONI, SUSANNE**
 STREET ADDRESS **8500 THRASHER**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **DV** ☒ Change ☐ Addition
 NAME **Motroni, Susanne**
 STREET ADDRESS **8500 Thrasher**
 CITY-ST-ZIP **New Port Richey FL 34654**

TITLE **SD** ☐ Delete
 NAME **GUARINO, MELINDA**
 STREET ADDRESS **3434 SEFFNER DR**
 CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **DT** ☒ Change ☐ Addition
 NAME **Melinda Guarino-Benedetto**
 STREET ADDRESS **3618 Cross Creek Ct**
 CITY-ST-ZIP **Holiday FL 34691**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Change ☒ Addition
 NAME **Marcia Hansen**
 STREET ADDRESS **5160 Woodstone Cir E**
 CITY-ST-ZIP **Lake Worth FL 33463**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Aleda A. Duffey 2-8-02 727 844-3303
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)