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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002175

1. Corporation Name

TAMPA BAY FLORIDA UNIT WBCCI, INC.

Principal Place of Business

908 S FORK CIR
MELBOURNE FL 32901
US

Mailing Address

908 S FORK CIR
MELBOURNE FL 32901
US

1 117169 90037 62 9 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/29/1994

4. FEI Number

59-6212215

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BECK, JOHN
908 S FORK CIR
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME STD
STREET ADDRESS BECK, JOHN
CITY-ST-ZIP 908 SOUTH FORK CIR
MELBOURNE FL 32901

TITLE ☒ DELETE
NAME PD
STREET ADDRESS HEATH, MARJORIE
CITY-ST-ZIP 586 WHISPERING LAKE BLVD
TARPOON SPRINGS FL 34689

TITLE ☒ DELETE
NAME VPD
STREET ADDRESS HALLSTEDT, PAUL
CITY-ST-ZIP 3240 HOLIDAY LAKE DR
HOLIDAY FL 34691

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP PD

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME PAUL HALLSTEDT
2.3 STREET ADDRESS 3240 HOLIDAY LAKE DR W
2.4 CITY-ST-ZIP HOLIDAY, FL 34691

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME VPD
3.3 STREET ADDRESS GEORGE KURTZ
3.4 CITY-ST-ZIP 3029 BROOKFIELD LN
CLEARWATER, FL 33761

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John P. Beck REGISTERED JOHN P. BECK 1-5-99 407-727-1591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)