

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002175

1. Entity Name

TAMPA BAY FLORIDA UNIT WBCCI, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90015 049 ****61.25

Principal Place of Business Mailing Address
908 S FORK CIR 908 S FORK CIR
MELBOURNE FL 32901 MELBOURNE FL 32901-8430
US 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

59-6212215

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

BECK, JOHN
908 S FORK CIR
MELBOURNE FL 32901

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE PD ☒ Delete
NAME HALLSTEDT, PAUL
STREET ADDRESS 3240 HOLIDAY LAKE DR W
CITY-ST-ZIP HOLIDAY FL 34691

TITLE PD ☐ Change ☒ Addition
NAME KURTZ, GEORGE
STREET ADDRESS 3029 BROOKFIELD LN
CITY-ST-ZIP CLEARWATER FL 33761

TITLE VPD ☒ Delete
NAME KURTZ, GEORGE
STREET ADDRESS 3029 BROOKFIELD LN
CITY-ST-ZIP CLEARWATER FL 33761

TITLE VPD ☐ Change ☒ Addition
NAME BLUM, DAVE
STREET ADDRESS 5329 EAGLES NEST RD
CITY-ST-ZIP FRUITLAND PARK FL 34731

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

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:

John A. Beck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00 321-727-1591

Date

Daytime Phone #

CR2E037 (9/99)