

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002175

1. Entity Name

TAMPA BAY FLORIDA UNIT WBCCI, INC.

FILED

May 29, 2002 8:00 am  
Secretary of State

05-29-2002 90695 011 \*\*\*\*61.25

Principal Place of Business

6411 MORNAY DR  
TAMPA FL 33615-3425  
US

Mailing Address

6411 MORNAY DR  
TAMPA FL 33615-3425  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6212215

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

SHIRES, JANET  
6411 MORNAY DR  
TAMPA FL 33615-3425

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

*J. Shires*

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	T	<input type="checkbox"/> Delete
NAME	SHIRES, JANET	
STREET ADDRESS	6411 MORNAY DR	
CITY-ST-ZIP	TAMPA FL 33615-3425	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HERMAN, ROBERT	
STREET ADDRESS	2092 CULBREATH RD, #C-12	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BLUM, DAVE	
STREET ADDRESS	5329 EAGLES NEST ROAD	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEATH, HARROLD	
STREET ADDRESS	586 WHISPERING LANE BLVD	
CITY-ST-ZIP	TARPOON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HONAKER, JERRY	
STREET ADDRESS	1308 W REDBUD ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPARKS, RALPH	
STREET ADDRESS	2755 CURLEW RD #145	
CITY-ST-ZIP	PALM HARBOR FL 34684	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Wallen	
STREET ADDRESS	3449 Talley Ridge Dr	
CITY-ST-ZIP	The Villages FL 32162	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dave Keller	
STREET ADDRESS	1456 Dolphin St.	
CITY-ST-ZIP	Nokomis FL 34275	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Cauthorn	
STREET ADDRESS	1701 Castle Rock Rd	
CITY-ST-ZIP	Tampa FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*J. Shires* SIGNATURE REQUIRED *J. Shires, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)