

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90039 021 ****61.25

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1. Entity Name

TAMPA BAY FLORIDA UNIT WBCCI, INC.



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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**SHIRES, JANET
6411 MORNAY DR
TAMPA FL 33615-3425**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **SHIRES, JANET**
STREET ADDRESS **6411 MORNAY DR**
CITY-ST-ZIP **TAMPA FL 33615-3425**

P ☐ Delete

NAME **HERMAN, ROBERT**
STREET ADDRESS **2092 CULBREATH RD, #C-12**
CITY-ST-ZIP **BROOKSVILLE FL 34602**

PE ☐ Delete

NAME **WALLEN, CAROL**
STREET ADDRESS **3449 TALLEY RIDGE DR**
CITY-ST-ZIP **THE VILLAGES FL 32162**

VP ☐ Delete

NAME **KELLER, DAVE**
STREET ADDRESS **1456 DOLPHIN ST**
CITY-ST-ZIP **NOKOMIS FL 34275**

D ☒ Delete

NAME **HONAKER, JERRY**
STREET ADDRESS **1701 CASTLE ROCK RD**
CITY-ST-ZIP **TAMPA FL 33612**

D ☒ Delete

NAME **SPARKS, RALPH**
STREET ADDRESS **2755 CURLEW RD #145**
CITY-ST-ZIP **PALM HARBOR FL 34684**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME **Past President**
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP

NAME **President**
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP

NAME **President Elect**
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP

NAME **Director**
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP

NAME **Pat McGee**
STREET ADDRESS **6944 South Shore Dr. S.**
CITY-ST-ZIP **South Pasadena, FL 33707**

NAME **Director**
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP

NAME **Jim McCallough**
STREET ADDRESS **10000 US 98 N #603**
CITY-ST-ZIP **Lakeland, FL 33809**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

Date

Debit Phone #

CR2E037 (10/02)