

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005623

1. Entity Name

PROJECT CHALLENGE OF THE WEST COAST, INCORPORATE

**FILED**  
**Jun 01, 2000 8:00 am**  
**Secretary of State**

06-01-2000 90018 030 \*\*\*\*70.00

Principal Place of Business	Mailing Address
1751 DR MARTIN LUTHER KING JR WAY SARASOTA FL 34234 US	P.O. BOX 1132 SARASOTA FL 34230-1132 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0535451	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent
HODGES, PAULINE 909 SUNRIDGE DR SARASOTA FL 34236

7. Name and Address of New Registered Agent
Name: Pauline Hodges
Street Address (P.O. Box Number is Not Acceptable): 4311 Beckman Place
City: Sarasota FL Zip Code: 34235

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	HODGES, PAULINE
STREET ADDRESS	912 LACOSTA CIR, APT. 1
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> Delete
NAME	WEBBER, TOM
STREET ADDRESS	4933 RUTLAND GATE
CITY-ST-ZIP	SARASOTA FL 34234
TITLE	D <input type="checkbox"/> Delete
NAME	SANCHO, GRETA
STREET ADDRESS	403 N. WASHINGTON BVD
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	D <input type="checkbox"/> Delete
NAME	PERKINS, STAN
STREET ADDRESS	1494 DR MARTIN LUTHER KING JR WAY
CITY-ST-ZIP	SARASOTA FL
TITLE	T <input type="checkbox"/> Delete
NAME	HENDON, DR MARVIN
STREET ADDRESS	403 N WASHINGTON BLVD
CITY-ST-ZIP	SARASOTA FL 34236
TITLE	V <input type="checkbox"/> Delete
NAME	DANIELS, FLORINE
STREET ADDRESS	310 N BRINK AVE
CITY-ST-ZIP	SARASOTA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hodges, Pauline
STREET ADDRESS	4311 Beckman
CITY-ST-ZIP	Sarasota, FL 34235
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sancho, Gretto
STREET ADDRESS	1815 23rd Avenue E
CITY-ST-ZIP	Bradenton, FL 34208
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perkins, Stan
STREET ADDRESS	1751-Dr. MLK, Jr. Way
CITY-ST-ZIP	Sarasota, FL 34234
TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RK Ready
STREET ADDRESS	4416 Oak View Dr.
CITY-ST-ZIP	Sarasota, FL 34232
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hendon, Marvin
STREET ADDRESS	10519 Chery Place
CITY-ST-ZIP	Sarasota, FL 34202

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: Pauline Hodges 5/1/00 941-355-0733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)