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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 22 AM 8:00

DOCUMENT # N95000001151

1. Entity Name
W B P ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18475 US 19 N CLEARWATER, FL 33764 US	~~990 LEXINGTON DRIVE~~ ~~DUNEDIN, FL 34698~~

☐ CHECK HERE IF MAKING CHANGES MRS

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	673 WESTFIELD COURT Suite, Apt. #, etc.
City & State	City & State: DUNEDIN FL
Zip / Country	Zip: 34698 / Country: PINELLAS

4. FEI Number: 59-3311127 ☐ 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
LOVE, ROBERT ~~990 LEXINGTON DRIVE~~ ~~DUNEDIN, FL 34698~~	Name Street Address (P.O. Box Number is Not Acceptable): 673 WESTFIELDS COURT City: DUNEDIN FL Zip Code: 34698

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 _____ 9/15/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOBBINS, WILLIAM I 18475 US 19 N CLEARWATER, FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300023218439 09/22/03--01089--024 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'KANE, SAMUEL M 18475 US 19 N CLEARWATER, FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EBERT, JOHN W 18475 US 19 N CLEARWATER, FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST REGOSCH, MICHAEL 1026 MCGEE SR PHILADELPHIA, PA 19111	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	307 EAST ST. PAUL AVENUE WILDWOOD CREST, NJ 08260	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOVE, ROBERT J 990 LEXINGTON DR. DUNEDIN, FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	673 WESTFIELD COURT DUNEDIN, FL 34698	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SINGER, JAMES 618 HARVEY AVE PITTSBURG, PA 15601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: _____ ROBERT LOVE 9/15/03 727-733-7862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #