

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000004384**

1. Entity Name

FLORIDA SPRINGS UNIT #174 WBCCI, INC.**FILED****Mar 24, 2002 8:00 am**
Secretary of State

03-24-2002 90040 019 ****61.25

Principal Place of Business

Mailing Address

10850 NE 104TH ST
ARCHER FL 32618
US10850 NE 104TH ST
P O BOX 945
ARCHER FL 32618
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

NOT APPLICABLE

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****STONE, LARRY R**
10850 NE 104TH ST
ARCHER FL 32618

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 \$61.259. 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 **VP** ☐ Delete
NAME **SUTTON, RUTH**
STREET ADDRESS **4400 N FROLY POINT**
CITY-ST-ZIP **HERNANDO FL 34442**TITLE **President** ☒ Change ☐ Addition
NAME **Sutton, Ruth**
STREET ADDRESS **4400 N Froly Point**
CITY-ST-ZIP **Hernando, FL 34442**TITLE **D** ☐ Delete
NAME **SCOENBERGER, WILLIAM**
STREET ADDRESS **PO BOX 423**
CITY-ST-ZIP **FORT MC COY FL 32134**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SCHOENBERGER, MARION**
STREET ADDRESS **PO BOX 423**
CITY-ST-ZIP **FORT MC COY FL 32134**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☒ Delete
NAME **SHOLETTE, STANLEY**
STREET ADDRESS **1820 SE 187TH AVE**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**TITLE **VP** ☐ Change ☒ Addition
NAME **Wealing, Gene**
STREET ADDRESS **8351 NW 172nd Lane**
CITY-ST-ZIP **Trenton, FL 32693**TITLE **D** ☒ Delete
NAME **MITCHELL, ANN**
STREET ADDRESS **3563 SE 56TH ST**
CITY-ST-ZIP **OCALA FL 34480**TITLE ☐ Change ☒ Addition
NAME **Campbell, Robert**
STREET ADDRESS **4382 Tyrone Ave**
CITY-ST-ZIP **Brocksville, FL 34601**TITLE **VP** ☐ Delete
NAME **SCHUMAN, EDWARD**
STREET ADDRESS **1548 NEWHOPE ROAD**
CITY-ST-ZIP **SPRING HILL FL 34606**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)