

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

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90111 005 \*\*\*\*61.25

DOCUMENT # **N95000004384**

1. Entity Name  
**FLORIDA SPRINGS UNIT #174-WBCCI, INC.**



Principal Place of Business

**10850 NE 104TH ST  
ARCHER FL 32618  
US**

Mailing Address

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

2. Principal Place of Business

**8251 NW 172nd Lane**

3. Mailing Address

**8251 NW 172nd Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Fanning Springs FL**

City & State

**Fanning Springs FL**

Zip

**32693**

Country

**USA**

Zip

**32693**

Country

**USA**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

**Beverly A. Pire  
8251 NW 172nd Lane  
Fanning Springs, FL 32693**

7. Name and Address of New Registered Agent

Name

**Beverly A. Pire**

Street Address (P.O./Box Number is Not Acceptable)

**8251 NW 172nd Lane**

City

**Fanning Springs**

FL

Zip Code

**32693**

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 **Beverly A. Pire, Treasurer / Beverly A. Pire**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Delete
<input checked="" type="checkbox"/> Director	<b>SUTTON, RUTH</b>	<b>4400 N FROLY POINT</b>	<b>HERNANDO FL 34442</b>		<input type="checkbox"/>
<input type="checkbox"/> Director	<b>SCOENBERGER, WILLIAM</b>	<b>PO BOX 423</b>	<b>FORT MC COY FL 32134</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Director	<b>SCHOENBERGER, MARION</b>	<b>PO BOX 423</b>	<b>FORT MC COY FL 32134</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Director	<b>WEALING, GENE</b>	<b>8351 NW 172ND LANE</b>	<b>TRENTON FL 32693</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Director	<b>CAMPBELL, ROBERT</b>	<b>4382 TYRONE AVE</b>	<b>BROOKSVILLE FL 34601</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Pres.	<b>SCHUMAN, EDWARD</b>	<b>1548 NEWHOPE ROAD</b>	<b>SPRING HILL FL 34606</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> VP	<b>First VP</b>	<b>Bratt Greiveldinger</b>	<b>2477 Clewinton SE.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<b>Spring Hill, FL 34609</b>			
<input type="checkbox"/> VP	<b>Second VP</b>	<b>Don Pire</b>	<b>8251 NW 172nd Lane</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<b>Fanning Springs, FL 32693</b>			
<input type="checkbox"/> Treas.	<b>Beverly A. Pire</b>	<b>8251 NW 172nd Lane</b>	<b>Fanning Springs, FL 32693</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Director	<b>Al Hague</b>	<b>4583 N. Allamandra Dr.</b>	<b>Beverly Hills, FL 34465</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Director	<b>Carl Taylor</b>	<b>635 NW 125th Ave.</b>	<b>Ocala, FL 34482</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Beverly A. Pire, Treasurer** **Beverly A. Pire** **1/28/03** **352-463-0243**