

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N908 0000000 74**

1. Entity Name

West Coast Business Professionals, Inc.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90188 021 ****61.25

Principal Place of Business Mailing Address
4708 W. Anita Blvd. 4708 W. Anita Blvd.
Tampa, Florida 33611-1118 Tampa, Florida 33611-1118

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 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

Riley, Steven P. Esq.
3333 Henderson Blvd. #150
Tampa, Florida 33609

Name **Riley, Steven P.**
Street Address (P.O. Box Number is Not Acceptable)
RILEY & ASSOCIATES, P.A.
4805 West Laurel Street, Suite 230
City **Tampa** FL Zip **33607**

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 **STEVEN P. RILEY, ESQUIRE (ADDRESS CHANGE ONLY)** 3/21/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. 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	DIRECTOR	<input type="checkbox"/> Delete
NAME	ROBIN JOLLIE POWELL	
STREET ADDRESS	4708 W. ANITA BLVD.	
CITY-ST-ZIP	TAMPA, FL 33611-1118	
TITLE	CATHY TAPIA STEVENS	<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DENISE O'BRIEN	<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M.D. GIEL	<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SHERRI SINGLETON	<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN M. SIEGEL	
STREET ADDRESS	4011 Fontana Place	
CITY-ST-ZIP	Valrico FL 33594	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURIE E. DHALL	
STREET ADDRESS	P.O. Box 173023	
CITY-ST-ZIP	Tampa, FL 33672	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERRI PERRI	
STREET ADDRESS	5103 Giberson St.	
CITY-ST-ZIP	Tampa, FL 33611	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA ELLINGTON	
STREET ADDRESS	2912 Beagle Pl.	
CITY-ST-ZIP	Seffner, FL 33584-5904	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CINDY ARGERIOUS	
STREET ADDRESS	4253 W. Kennedy Blvd	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lyn A. Watson	
STREET ADDRESS	10725 Ayrsline Dr	
CITY-ST-ZIP	Tampa FL 33626	

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: **Robin Jollie Powell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00 813-416-5151
Date Daytime Phone #

CR2E037 (9/99)