

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91236 039 ****61.25

DOCUMENT # N98000004561

1. Entity Name

FLORIDA WEST COAST CHAPTER OF THE NATIONAL PARKI

Principal Place of Business

1888 HILLVIEW ST.
 SARASOTA FL 34239

Mailing Address

1888 HILLVIEW ST.
 SARASOTA FL 34239

2. Principal Place of Business

7147 CURTISS AVENUE
 SUITE, APT. #, etc.
 BUILDING B

3. Mailing Address

7147 CURTISS AVENUE
 SUITE, APT. #, etc.
 BUILDING B

City & State

SARASOTA FL

City & State

SARASOTA, FL

Zip

FL 34231

Country

USA

Zip

34231

Country

USA

4. FEI Number

65-0950957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BUSTARD, R. DAVID
 200 S. ORANGE AVE.
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

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 \$61.25

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

TITLE **P** ☐ Delete
 NAME **KASSICIEH, V. DANIEL**
 STREET ADDRESS **1888 HILLVIEW ST.**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **VP** ☐ Delete
 NAME **GARBER, JEFFREY**
 STREET ADDRESS **3251 PROCTOR RD.**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **ST** ☐ Delete
 NAME **DOHMS, ELAINE**
 STREET ADDRESS **1888 HILLVIEW ST.**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **D** ☐ Delete
 NAME **SULLIVAN, PATRICIA**
 STREET ADDRESS **1723 FLOWER DR.**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **D** ☐ Delete
 NAME **BUSTARD, DAVID**
 STREET ADDRESS **200 S. ORANGE ST**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☐ Delete
 NAME **HOFFHEIMER, LAWRENCE S ESQ.**
 STREET ADDRESS **1250 24TH ST., N.W.**
 CITY-ST-ZIP **WASHINGTON DC 20037**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 REQUIRED

x 3/8/01

(941) 926-3924

CR2E037 (10/00)