

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006333

1. Entity Name

WESTCOAST CHAMPS INC.

Principal Place of Business

1802 4TH AVE. WEST
PALMETTO FL 34221

Mailing Address

1802 4TH AVE. WEST
PALMETTO FL 34221-3234

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

65-0873940

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RILEY, MADELYN
1802 4TH AVE. WEST
PALMETTO FL 34221

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCKINNON, CAROLYN
1802 4TH AVE. W.
PALMETTO FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HULLIMAN, EDRA
3021 LOCKWOOD CIR.
SARASOTA FL 34234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JACOBS, NATHANIEL
P.O. BOX 2396
SARASOTA FL 34230

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEADON, MARVIN
P.O. BOX 49383
SARASOTA FL 34230

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DANIELS, CHARL
310 N. BRINKMAVE
SARASOTA FL 34237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Holliman, Edna
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Hendon, Marvin
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Daniels, Charl
310 N. Brink Ave.
Sarasota, FL 34237
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941) 725-7073

Daytime Phone #

CR2E037 (9/99)