

2001 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0873940

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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 **D** ☐ Delete
NAME **MCKINNON, CAROLYN**
STREET ADDRESS **1802 4TH AVE. W**
CITY-ST-ZIP **PALMETTO FL 34221**TITLE **D** ☐ Delete
NAME **HOLLIMAN, EDNA**
STREET ADDRESS **3021 LOCKWOOD CIR.**
CITY-ST-ZIP **SARASOTA FL 34234**TITLE **D** ☐ Delete
NAME **JACOBS, NATHANIEL**
STREET ADDRESS **P.O. BOX 2396**
CITY-ST-ZIP **SARASOTA FL 34230**TITLE **D** ☐ Delete
NAME **HENDON, MARVIN**
STREET ADDRESS **P.O. BOX 49363**
CITY-ST-ZIP **SARASOTA FL 34230**TITLE **D** ☐ Delete
NAME **DANIELS, CHARLES**
STREET ADDRESS **310 N BRINK AVE**
CITY-ST-ZIP **SARASOTA FL 34237**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Daniels, Florine**
STREET ADDRESS **310 N. Brink Ave**
CITY-ST-ZIP **Sarasota, FL 34237**TITLE **D** ☐ Change ☒ Addition
NAME **Hodges, Pauline**
STREET ADDRESS **1951 Dr. MLK Jr. Way**
CITY-ST-ZIP **Sarasota, FL 34234**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **MADELYN RILEY****FILED
May 16, 2001 8:00 am
Secretary of State**

05-16-2001 90382 017 ****61.25

656234

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

(941) 725-7073