

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90082 044 \*\*\*\*61.25

**DOCUMENT # N99000001318**

1. Entity Name

**WEST COAST AIRBOAT, CLUB, INC.**

Principal Place of Business

Mailing Address

**9400 ST. RD. 52  
 HUDSON FL 34669  
 US**

**P.O. BOX 7132  
 HUDSON FL 34674  
 US**

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

**59-3539980**

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

**ALLRED, RAY  
 11555 GROVEWOOD BLVD.  
 LAND O'LAKES FL 34639**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
 NAME **ALLRED, RAY**  
 STREET ADDRESS **11555 GROVEWOOD BLVD.**  
 CITY-ST-ZIP **LAND O'LAKES FL**

TITLE **V** ☒ Delete  
 NAME **WILSON, SKIP**  
 STREET ADDRESS **8145 MARCHANT DRIVE**  
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **S** ☒ Delete  
 NAME **BERRY, MARGIE**  
 STREET ADDRESS **6842 SEAVIEW BLVD.**  
 CITY-ST-ZIP **HUDSON FL**

TITLE **D** ☐ Delete  
 NAME **ALRED, ANDY**  
 STREET ADDRESS **7442 TERRACE DRIVE**  
 CITY-ST-ZIP **HUDSON FL**

TITLE **D** ☐ Delete  
 NAME **ROSSLER, FRED**  
 STREET ADDRESS **13413 LITEWOOD DR.**  
 CITY-ST-ZIP **HUDSON FL**

TITLE **D** ☐ Delete  
 NAME **FOSS, DARREL**  
 STREET ADDRESS **3532 EAGLE NEST DR.**  
 CITY-ST-ZIP **HERNANDO BEACH FL**

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

TITLE ☐ Change ☒ Addition  
 NAME **Andy Padova - V**  
 STREET ADDRESS **13024 Spaulding Dr**  
 CITY-ST-ZIP **Hudson FL 34669**

TITLE ☐ Change ☒ Addition  
 NAME **Nancy Stallard - S**  
 STREET ADDRESS **12512 Fairwinds Rd**  
 CITY-ST-ZIP **Hudson FL 34669**

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

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

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:

**RAY Allred 3/20/02 813-996-7454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment  
Sandy Berger - T (Addition)  
6640 Doon St.  
New Port Richey Fl 34652

#1199000001318  
758856

Tina Burgess - T (delete)  
PO Box 6038  
Hudson, Fl 34674

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