

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91050 013 \*\*\*\*61.25

**DOCUMENT # N99000001318**

1. Entity Name  
**WEST COAST AIRBOAT, CLUB, INC.**



Principal Place of Business

9400 ST. RD. 52  
HUDSON FL 34669  
US

Mailing Address

P.O. BOX 7132  
HUDSON FL 34674  
US

2. Principal Place of Business

**13125 Fairwinds Rd.**

3. Mailing Address

**13024 Spaulding Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hudson Florida**

City & State

**Hudson Florida**

Zip

Country

**34669**

Zip

Country

**34669**

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

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

7. Name and Address of New Registered Agent

Name **ANDREW PADOVA**

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

**13024 Spaulding Dr.**

City **Hudson**

FL

Zip Code

**34669**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Andrew Padova*

**4/16/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **V** ☐ Delete  
NAME **PADOVA, ANDY**  
STREET ADDRESS **13024 SPAULDING DR**  
CITY-ST-ZIP **HUDSON FL 34669**

TITLE **S** ☒ Delete  
NAME **STALLARD, NANCY**  
STREET ADDRESS **12512 FAIRWINDS RD**  
CITY-ST-ZIP **HUDSON FL 34669**

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**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition  
NAME **ANDREW PADOVA**  
STREET ADDRESS **13024 Spaulding Dr.**  
CITY-ST-ZIP **Hudson FL 34669**

TITLE **V** ☐ Change ☒ Addition  
NAME **DARREL FOSS**  
STREET ADDRESS **3532 Eagle Nest Dr.**  
CITY-ST-ZIP **Hernando Beach FL**

TITLE **T** ☐ Change ☒ Addition  
NAME **Sandy Bargar**  
STREET ADDRESS **6640 Doon St.**  
CITY-ST-ZIP **New Port Richey FL 34652**

TITLE **D** ☐ Change ☒ Addition  
NAME **DAN BARRIE**  
STREET ADDRESS **12723 Circle Lake Dr**  
CITY-ST-ZIP **Hudson FL 34669**

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:

**SIGNATURE REQUIRED**

**4/16/03**

**727-856-1687**

CR2E037 (10/02)