

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90399 003 ****61.25

DOCUMENT # N99000002882

1. Entity Name

CITIZENS FOR WEST MEADOWS, INC.

Principal Place of Business

Mailing Address

PO BOX 46596
 TAMPA FL 33647

PO BOX 46596
 TAMPA FL 33647

657148



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3572228

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WEINARD, MICHAEL J
18904 BEACHDROP PLACE
TAMPA FL 33647

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, ROBERT	
STREET ADDRESS	8505 CROWS CT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINARD, MICHAEL J	
STREET ADDRESS	18904 BEACHDROP PLACE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, MARSHALL	
STREET ADDRESS	8621 HERONS COVE PLACE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCAVEETY, SUSAN	
STREET ADDRESS	8621 FOXTAIL COURT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VIEN, MARY	
STREET ADDRESS	19124 AUTUMN WOODS AVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDINO, LAZ	
STREET ADDRESS	18913 BELLFLOWER RD	
CITY-ST-ZIP	TAMPA FL 33647	

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MARSHALL	
STREET ADDRESS	8621 HERONS COVE PLACE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, JIM	
STREET ADDRESS	19141 TIMBER REACH RD	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWIDT, JENNIFER	
STREET ADDRESS	18838 DUQUESNE DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOPESKY, HABAR	
STREET ADDRESS	18836 DUQUESNE DR	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIEN, MARY	
STREET ADDRESS	19124 AUTUMN WOODS AVE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

HABAR KOPESKY

5/5/01 (727) 812-4122

CR2E037 (10/00)

657148

Attachment
N99000002882

Hagar A. Kopesky
18836 Duquesne Dr.
Tampa, FL 33647
(813) 972 - 1678 (E)
(727) 872 - 4122 (D)

May 5, 2001

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref: FEI Number 59-3572228

~~Division of Corporations,~~

Please accept this letter as a formal request to waive any late penalty related to the filing of the 2001 Uniform Business Report for Citizens for West Meadows, Inc. Although our group was advised to establish our legal status as a Corporation, we primarily function as a community association engaged in fundraising activities for the benefit of providing civic influence regarding local development issues such as environmental concerns and roadway expansion. Because the officers are often unfamiliar with the UBR filing process and due to the change over each year, there is a higher risk that the new parties may make an error. As the responsible party for this filing, I realized the week the Report was due that I had missed the May 1 deadline. After contacting a representative at the Division of Corporations, I was instructed to provide this letter via mail rather than file via the Internet. Your consideration of this matter is greatly appreciated. If there are any questions, I may be reached at my above address and phone numbers.

Sincerely,


Hagar A. Kopesky