

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004383

1. Entity Name

WEST FLORIDA LIVERY ASSOCIATION, INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90012 046 \*\*\*\*61.25

Principal Place of Business  
5982 106TH TERRACE NORTH  
PINELLAS PARK FL 33782

Mailing Address  
POST OFFICE BOX 17111  
ST PETERSBURG FL 33733

00004320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 16226

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater

4. FEI Number

59-3027990

Applied For

Not Applicable

Zip

Country

Zip

Florida

Country

U.S.A.

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

MEKLER, RONNIE S  
3371 TANGLEWOOD TRAIL  
PALM HARBOR FL 34685

Name

Irvin Mekler

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

3371 Tanglewood Trail

City

Palm Harbor

FL

Zip Code

34685

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

*Irvin Mekler* Irvin Mekler

1/10/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHAW, DAVID 5982 106TH TERRACE NORTH PINELLAS PARK FL 33782	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONGELLO, GUY J 5982 106TH TERRACE NORTH PINELLAS PARK FL 33782	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MEKLER, RONNIE S 5982 106TH TERRACE NORTH PINELLAS PARK FL 33782	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Irvin Mekler 3371 Tanglewood Trail Palm Harbor, FL 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Lea Downey 5982 106th Terrace North Pinellas Park, FL 33782	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Irvin Mekler, President* 1/10/01 727-789-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0064054

CR2E037 (10/00)