

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031141

1. Entity Name

WEST FLORIDA MANAGEMENT, INC.

FILED

00 MAR -9 PM 3: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4732 N DALE MABRY  
TAMPA FL 33614  
US

Mailing Address

4732 N DALE MABRY  
TAMPA FL 33614-6509  
US

2. Principal Place of Business

4500 - 140th Ave. North

Suite, Apt. #, etc.  
Ste 101

City & State

Clearwater, FL

Zip

33762

Country

US

3. Mailing Address

4500 - 140th Ave. North

Suite, Apt. #, etc.  
Ste 101

City & State

Clearwater, FL

Zip

33762

Country

US

4. FEI Number

59-3238103

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ENGELHARDT, DANIEL A.  
4732 N DALE MABRY  
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

Engelhardt, Daniel A.

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

4500 - 140th Avenue North

Ste 101

City

Clearwater

FL

Zip Code

33762

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ENGELHARDT, DANIEL A.  
4732 N DALE MABRY  
TAMPA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
X ☒ Change ☐ Addition  
4500 - 140th Avenue North, Ste 101  
Clearwater, FL 33762

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
4000003179264-7  
-03/22/00-01017-022  
\*\*\*\*150.00 \*\*\*\*150.00

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8 Feb 2000

534-7002

CR2E034 (9/99)