

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070615

1. Entity Name

WCHC LAND HOLDINGS, INC.

Principal Place of Business

5109 CAUSEWAY BLVD.
TAMPA FL 33619
US

Mailing Address

5109 CAUSEWAY BLVD.
TAMPA FL 33619-6127
US

2. Principal Place of Business

3. Mailing Address

PO Box 1408

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRANDON, FL

Zip

Country

Zip

Country

33509

US

4. FEI Number

59-3335377

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

SHAHEEN, JOSEPH L JR
401 E JACKSON ST., STE 2650
TAMPA FL 33602

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	HENDERSON, GREGORY L	2901 BRUCKEN ROAD VALRICO FL 33594	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	COPHER, RICHARD O	5015 CAUSEWAY BLVD TAMPA FL	<input type="checkbox"/>			5109 CAUSEWAY BLVD		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D	COPHER, RONALD E	5015 CAUSEWAY BLVD TAMPA FL	<input type="checkbox"/>			5109 CAUSEWAY BLVD		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)