

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90256 049 \*\*\*158.75

**DOCUMENT #. P98000090642**

1. Entity Name

**WEST COAST CAPITAL MANAGEMENT, INC.**

Principal Place of Business

115 SOUTH LOIS AVENUE  
 217  
 TAMPA FL 33609

Mailing Address

518 N TAMPA ST. #250  
 TAMPA FL 33602

2. Principal Place of Business

**5105 W GRACE ST.**

Suite, Apt. #, etc.

3. Mailing Address

**5105 W GRACE ST.**

Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**TAMPA FL**

Zip

**33607**

Country

**USA**

Zip

**33607**

Country

**USA**

4. FEI Number

**59-3542177**

Applied For

Not Applicable

5. Certificate of Status Desired

**2**

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BHARDWAJ, RITU**  
**115 SOUTH LOIS AVENUE**  
**SUITE 217**  
**TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

**RITA B HOLLIS**

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

**5105 W GRACE ST**

City

**TAMPA**

**FL**

Zip Code

**33607**

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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BHARDWAJ, DHARAM<br>115 S LOIS AVE #217<br>TAMPA FL 33605 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>RITA HOLLIS<br>5105 W GRACE ST<br>TAMPA, FL 33607       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BRUCE PRESSER, H.R.-Y.P<br>5105 W GRACE ST<br>TAMPA, FL 33607 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RITA B. HOLLIS**

Date

**1/9/01**

Daytime Phone #

**PB 2810331**

CR2E034 (10/00)

0620483