

2000 UNIFORM BUSINESS REPORT (UBR)

At
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C/
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RE

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90079 002 ****70.00

DOCUMENT # 762739

1. Entity Name

UNITED WAY OF PASCO COUNTY, INC.

Principal Place of Business

Mailing Address

10934 U.S. 19, SUITE 201
P O BOX 609
PORT RICHEY FL 34668-2565

10934 U.S. 19, SUITE 201
P O BOX 609
PORT RICHEY FL 34673-0609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2193178

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

SNYDER, JAMES
10934 U.S. HWY 19
SUITE 201
NEW PORT RICHEY FL 34668

Name

Susan White

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

10934 US Hwy 19

Suite 201

City

Port Richey

FL

Zip Code

34668

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 *Susan White* **Susan White, President April 15, 2000**

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 **CD** Delete
NAME **BLOMMEL, EDWARD**
STREET ADDRESS **38008 MERIDIAN AVENUE**
CITY-ST-ZIP **DADE CITY FL 33523**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCD** Delete
NAME **GRIFFIN, DON**
STREET ADDRESS **14100 FIVAY ROAD**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **CD** Change Addition
NAME **Don Griffin**
STREET ADDRESS **14100 Fivay Rd**
CITY-ST-ZIP **Hudson FL 34667**

TITLE **D** Delete
NAME **PRICE, MELANIE**
STREET ADDRESS **4526 US 19**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** Change Addition
NAME **Melanie Price**
STREET ADDRESS **4526 US 19**
CITY-ST-ZIP **New Port Richey FL 34652**

TITLE **D** Delete
NAME **ARNETT, ROBERT**
STREET ADDRESS **6840 STATE ROAD 52**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **VCD** Change Addition
NAME **Robert Arnett**
STREET ADDRESS **6840 St Rd 52**
CITY-ST-ZIP **Hudson FL 34667**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Change Addition
NAME **Gerald Seeber**
STREET ADDRESS **5919 Main St**
CITY-ST-ZIP **New Port Richey FL 34652**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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: *Susan White* **REQUIRED**

Susan White 4/15/00 727-862-6270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

C0066899



DO NOT WRITE IN THIS SPACE