

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90311 043 ****61.25

DOCUMENT # N38016

1. Entity Name

PASCO FAMILY PROTECTION TEAM, INC.

Principal Place of Business

7511 LITTLE RD. BLDG. C.
 NEW PORT RICHEY FL 34654

Mailing Address

7511 LITTLE RD. BLDG. C.
 NEW PORT RICHEY FL 34654

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3010809

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, KEITH
6008 MAIN ST
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

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 _____

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

TITLE **DX** Delete
 NAME **PETERS, MIKE**
 STREET ADDRESS **11836 LITTLE RD**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34639**

TITLE **D** Delete
 NAME **HILDEBRAND, ANN**
 STREET ADDRESS **7530 LITTLE ROAD**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** Delete
 NAME **HAMMOND, KEITH**
 STREET ADDRESS **6008 MAIN ST**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **DS** Delete
 NAME **SMITHWICK, ROSANNE**
 STREET ADDRESS **5445 RICHEY DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **DX** Delete
 NAME **SMITHWICK, ROSEANN**
 STREET ADDRESS **P O BOX 923**
 CITY-ST-ZIP **PORT RICHEY FL 23**

TITLE **DS** Delete
 NAME **SMITH, JENNIFER**
 STREET ADDRESS **23333 CLUB VILLAS DR**
 CITY-ST-ZIP **LAND O LAKES FL 34639**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Change Addition
 NAME **Peters, mike**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Smithwick, Rosanne**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST** Change Addition
 NAME **Kay Hobbs**
 STREET ADDRESS **5946 Main Street**
 CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE **DV** Change Addition
 NAME **Bobetta Turner**
 STREET ADDRESS **18101 Apple Jack Court**
 CITY-ST-ZIP **Spring Hill, FL 34610**

TITLE **DP** Change Addition
 NAME **Jennifer Smith**
 STREET ADDRESS **23333 Club Villas Dr.**
 CITY-ST-ZIP **Land O Lakes FL 34639**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.01, Florida Statutes, and 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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)