

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

0061328

DOCUMENT # N97000004Q32

1. Entity Name

PASCO FINE ARTS COUNCIL, INC.

02-20-2001 90090 041 ****70.00

Principal Place of Business Mailing Address
5744 MOOG RD **5744 MOOG RD**
HOLIDAY FL 34690 **HOLIDAY FL 34690**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-1890812 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

GOLUB, MARJORIE M
5744 MOOG ROAD
HOLIDAY FL 34690

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD	<input type="checkbox"/> Delete
NAME	HUGHES, ALLYSON	
STREET ADDRESS	7604 MASSACHUSETTS AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOEL, STEPHEN	
STREET ADDRESS	7935 SLATE CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FITZGERALD, MARDI	
STREET ADDRESS	5108 SUNSET RD	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARTIN, CHARLES	
STREET ADDRESS	7335 CANDLELIGHT COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/13/01** Daytime Phone #: **727-845-7322**

CR2E037 (10/00)