

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90097 022 ****61.25

DOCUMENT # N97000004032

1. Entity Name

PASCO FINE ARTS COUNCIL, INC.

Principal Place of Business Mailing Address

**5744 MOOG RD
 HOLIDAY, FL 34690**

**5744 MOOG RD
 HOLIDAY FL 34690**

00040110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1890812**

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

**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 _____
 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	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 34688	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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)(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: SIGNATURE OF MARDI FITZGERALD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 727-845-7322
 Date Daytime Phone #

CR2E037 (9/01)