

2000 UNIFORM BUSINESS REPORT (UBR) 1/

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-26-2000 90133 032 ****61.25

DOCUMENT # N99000006507

1. Entity Name

PASCO COUNCIL OF CHAMBERS, INC.

Principal Place of Business 38550 5TH AVENUE ZEPHYRHILLS FL 33540	Mailing Address 38550 5TH AVENUE ZEPHYRHILLS FL 33540-4331
---	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applied For
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDUFFIE, W. CLIFF
6130 17TH STREET
ZEPHYRHILLS FL 33540

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	McDuffie, W. Cliff
STREET ADDRESS	6130 17th Street
CITY-ST-ZIP	Zephyrhills, FL 33540
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	Smith, Phyllis S.
STREET ADDRESS	14112 8th Street
CITY-ST-ZIP	Dade City, FL 33525
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	Walsh, Marjorie
STREET ADDRESS	6221 Land O'Lakes Blvd.
CITY-ST-ZIP	Land O'Lakes, FL 34639
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
NAME	Alpine, Joe
STREET ADDRESS	5443 Main Street
CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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] **REQUIRED** Jan 6, 2000 (813) 782-1913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE