

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

0000433

**DOCUMENT # 714987**

1. Entity Name

**FIRST PRESBYTERIAN CHURCH OF PORT RICHEY, INC.**

Principal Place of Business

**7540 RIDGE RD  
 PORT RICHEY FL 34668**

Mailing Address

**7540 RIDGE RD  
 PORT RICHEY FL 34668**

**C0032019**



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

**59-1638754**

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

**PALMESE, MARTHA  
 9211 GLEN MOOR LANE  
 PORT RICHEY FL 34668**

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

T ☐ Delete  
 NAME **WESTRATE, HAROLD**  
 STREET ADDRESS **9444 STONEWALL LANE**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

V ☐ Delete  
 NAME **MCGEE, EDWIN**  
 STREET ADDRESS **6232 BAYSIDE DRIVE**  
 CITY-ST-ZIP **NEW PORT RICHEY FL**

T ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

T ☐ Delete  
 NAME **PALMESE, MARTHA**  
 STREET ADDRESS **9211 GLEN MOOR LN**  
 CITY-ST-ZIP **PORT RICHEY FL 34668**

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

VT ☐ Delete  
 NAME **KEMPF, ROBERT**  
 STREET ADDRESS **8105 BULL RUN DR**  
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

T ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

T ☐ Delete  
 NAME **HOOPES, JEAN**  
 STREET ADDRESS **8835 KIPLING AVE**  
 CITY-ST-ZIP **HUDSON FL 34667**

☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TP ☐ Delete  
 NAME **LEATHERBERRY, DOROTHY V**  
 STREET ADDRESS **6220 TOWER DR**  
 CITY-ST-ZIP **HUDSON FL 34667**

T ☒ 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha Palmese

3-4-2001 (727) 841-7337

Date

Daytime Phone #

CR2E037 (10/00)