

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90056 013 \*\*\*\*61.25

**DOCUMENT # 725569**

1. Entity Name

**PASCO BUILDING ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

9851 ST RD 54  
 NEW PORT RICHEY FL 34655  
 US

9851 ST RD 54  
 NEW PORT RICHEY FL 34655  
 US

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

**59-1354549**

Applied For

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

**BECKWITH, NITA H.**  
**9851 ST RD 54**  
**NEW PORT RICHEY FL 34655**

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

**01/23/02**

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 **P** ☐ Delete  
 NAME **SEGALL, BILL**  
 STREET ADDRESS **4018 GREENMARK LANE**  
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **President** ☐ Change ☐ Addition  
 NAME **Appenzeller, Keith**  
 STREET ADDRESS **4921 Memorial Hwy. #300**  
 CITY-ST-ZIP **Tampa, FL 33634**

TITLE **T** ☐ Delete  
 NAME **APPENZELLER, KEITH**  
 STREET ADDRESS **4921 MEMORIAL HWY. #300**  
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE **Treasurer** ☐ Change ☐ Addition  
 NAME **Gassaway, B. Patrick**  
 STREET ADDRESS **2212 Swann Avenue**  
 CITY-ST-ZIP **Tampa, FL 33606**

TITLE **VP** ☐ Delete  
 NAME **MEYER-WEBB, CINDY**  
 STREET ADDRESS **6000 GENTLE BEN CIRCLE**  
 CITY-ST-ZIP **WESLEY CHAPEL FL 33544**

TITLE **President-Elect** ☐ Change ☐ Addition  
 NAME **Meyer-Webb, Cindy**  
 STREET ADDRESS **6000 Gentle Ben Circle**  
 CITY-ST-ZIP **Wesley Chapel, FL 33544**

TITLE **S** ☐ Delete  
 NAME **PORTER, LAURIE**  
 STREET ADDRESS **14054 102ND AVENUE**  
 CITY-ST-ZIP **SEMINOLE FL 33774**

TITLE **Secretary** ☐ Change ☐ Addition  
 NAME **Miller, Katie**  
 STREET ADDRESS **39650 U.S. Hwy. 19 N. #331**  
 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **D** ☐ Delete  
 NAME **WILLIAMS, ROBERT**  
 STREET ADDRESS **501 EAST KENNEDY BLVD. STE 1700**  
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **Associate Vice President** ☐ Change ☐ Addition  
 NAME **Koeller, Timothy**  
 STREET ADDRESS **10555 Moon Lake Road**  
 CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE **D** ☐ Delete  
 NAME **PRINCE, THOMAS A III**  
 STREET ADDRESS **1220 STANDRIDGE DRIVE**  
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543-7658**

TITLE **Segall, Bill** ☐ Change ☐ Addition  
 NAME **Segall, Bill**  
 STREET ADDRESS **4018 Greenmark Lane**  
 CITY-ST-ZIP **Valrico, FL 33594**  
**Past President**

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: *Keith Appenzeller*

**01/23/02**

**(727) 375-8922**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/01)