

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90170 024 \*\*\*\*61.25

**DOCUMENT # 725569**

1. Entity Name  
**PASCO BUILDING ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

9851 ST RD 54      9851 ST RD 54  
NEW PORT RICHEY FL 34655      NEW PORT RICHEY FL 34655  
US      US

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nita H. Beckwith*      **Nita H. Beckwith**      **02/07/03**

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SEGALL, BILL</b>	
STREET ADDRESS	<b>4018 GREENMARK LANE</b>	
CITY-ST-ZIP	<b>VALRICO FL 33504</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>APPENZELLER, KEITH</b>	
STREET ADDRESS	<b>4921 MEMORIAL HWY #300</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MEYER WEBB, CINDY</b>	
STREET ADDRESS	<b>6000 GENTLE BEN CIRCLE</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33544</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PORTER, LAURIE</b>	
STREET ADDRESS	<b>14054 102ND AVENUE</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33774</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILLIAMS, ROBERT</b>	
STREET ADDRESS	<b>501 EAST KENNEDY BLVD. STE 1700</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PRINCE, THOMAS A III</b>	
STREET ADDRESS	<b>1220 STANBRIDGE DRIVE</b>	
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33548-7658</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joe Yannon</b>	
STREET ADDRESS	<b>8124 Washington Street</b>	
CITY-ST-ZIP	<b>Port Richey, FL 34668</b>	
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Katie Miller</b>	
STREET ADDRESS	<b>2435 U.S. Highway 19 N., Suite 140</b>	
CITY-ST-ZIP	<b>Holiday, FL 34691</b>	
TITLE	<b>President-Elect</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mike Carroll</b>	
STREET ADDRESS	<b>11509 Hidden Cove Court</b>	
CITY-ST-ZIP	<b>New Port Richey, FL 34655</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>B.J. Reynolds</b>	
STREET ADDRESS	<b>8201 River Ridge Blvd.</b>	
CITY-ST-ZIP	<b>New Port Richey, FL 34654</b>	
TITLE	<b>Associate Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hugh Lichter</b>	
STREET ADDRESS	<b>26133 U.S. Highway 19 N., Suite 412</b>	
CITY-ST-ZIP	<b>Clearwater, FL 33763</b>	
TITLE	<b>Immediate Past President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Keith Appenzeller</b>	
STREET ADDRESS	<b>4921 Memorial Hwy., #300</b>	
CITY-ST-ZIP	<b>Tampa, FL 33634</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Nita H. Beckwith*      **Nita H. Beckwith**      **02/07/03**

CR2E037 (10/02)