

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728045

1. Entity Name

WEST PASCO AUDUBON SOCIETY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1456
ELFERS FL 34680

P.O. BOX 1456
ELFERS FL 34680-1456

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARRIS, CATHERINE C
10932 BELMONT DR.
NEW PORT RICHEY FL 34654

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

Catherine C. Farris
Signature, typed or printed name of registered agent and title if applicable.

CATHERINE C. FARRIS

(NOTE: Registered Agent signature required when reinstating)

2/5/00
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 DT ☐ Delete
NAME PINNA, TINA
STREET ADDRESS 3536 KIMBERLY OAKS DRIVE
CITY-ST-ZIP HOLIDAY FL 34691

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

TITLE DS ☒ Delete
NAME CONDON, AGNES
STREET ADDRESS 3644 GALWAY DR
CITY-ST-ZIP NEW PT RICHEY FL

TITLE DS ☒ Change ☐ Addition
NAME HOEY, VIRGINIA
STREET ADDRESS 6634 HICKORY WOOD LANE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE DS ☐ Delete
NAME FARRIS, KITTY
STREET ADDRESS 10932 BELMONT DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE DP ☒ Delete
NAME URGO, FRANCES
STREET ADDRESS 3503 MARGATE DR.
CITY-ST-ZIP HOLIDAY FL

TITLE DP ☒ Change ☐ Addition
NAME KEN TRACEY
STREET ADDRESS 5662 FIELDSPRING AV.
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE DVP ☐ Delete
NAME MOORE, IMOCENE
STREET ADDRESS 7022 OELSNER
CITY-ST-ZIP NEW PT RICHEY FL

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

TITLE FT ☐ Delete
NAME RAPP, LORRAINE
STREET ADDRESS 4217 HAMPTON DR
CITY-ST-ZIP NEW PT RICHEY FL

TITLE ☐ 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:

Tina C. Pinna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00
Date

727-847-3365
Daytime Phone #

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90015 013 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6591636 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required