

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737179

1. Entity Name

EAST PASCO ASSOCIATION OF REALTORS, INC.

FILED

Apr 22, 2002 8:00 am  
Secretary of State

04-22-2002 90329 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5026 7TH ST  
ZEPHYRHILLS FL 33540

5026 7TH ST  
ZEPHYRHILLS FL 33540

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

59-1755416

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

YAKSETIC, FRANCES B.  
5026 7TH STREET  
ZEPHYRHILLS FL 33540

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

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | D                    | Delete                                     |
| NAME           | SANDERS, SUSAN       |  |
| STREET ADDRESS | 55546 6TH STREET     |  |
| CITY-ST-ZIP    | ZEPHYRHILLS FL       |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | KELLY, THERESA       |  |
| STREET ADDRESS | 12232 S HWY 301      |  |
| CITY-ST-ZIP    | DADE CITY FL 33525   |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | WRIGHT, TAMMY        |  |
| STREET ADDRESS | 5710 GALL BLVD       |  |
| CITY-ST-ZIP    | ZEPHYRHILLS FL       |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | GRIMES, ROBERT       |  |
| STREET ADDRESS | 5720 GALL BLVD       |  |
| CITY-ST-ZIP    | ZEPHYRHILLS FL       |  |
| TITLE          | SD                   | <input type="checkbox"/> Delete            |
| NAME           | PRILLIMAN, MICHAEL   |  |
| STREET ADDRESS | 4947 COATS RD        |  |
| CITY-ST-ZIP    | ZEPHYRHILLS FL       |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | NASH, RACHEL         |  |
| STREET ADDRESS | 36911 CONLEY ST      |  |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33541 |  |

|                |                       |   |
|----------------|-----------------------|---|
| TITLE          | D                     | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Doug De Larue         |   |
| STREET ADDRESS | 12232 US Hwy 301      |   |
| CITY-ST-ZIP    | Dade City, FL 33525   |   |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | Amy Basom             |   |
| STREET ADDRESS | 12232 US Hwy 301      |   |
| CITY-ST-ZIP    | Dade City, FL 33525   |   |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | Kathryn Petty         |   |
| STREET ADDRESS | 5720 Gall Blvd        |   |
| CITY-ST-ZIP    | Zephyrhills, FL 33541 |   |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | Matt Hulbert          |   |
| STREET ADDRESS | 20804 1327            |   |
| CITY-ST-ZIP    | Zephyrhills, FL 33541 |   |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | Engene Smith          |   |
| STREET ADDRESS | 37911 Weather Place   |   |
| CITY-ST-ZIP    | Dade City, FL 33525   |   |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | Linda White           |   |
| STREET ADDRESS | 4947 Coats Rd         |   |
| CITY-ST-ZIP    | Zephyrhills, FL 33541 |   |

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:

Rachel Nash  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

813-782-5506  
Daytime Phone #

CR2E037 (9/01)