

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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90199 041 \*\*\*\*61.25

**DOCUMENT # 737179**

1. Entity Name

**EAST PASCO ASSOCIATION OF REALTORS, INC.**



Principal Place of Business

**5026 7TH ST  
ZEPHYRHILLS FL 33540**

Mailing Address

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **LARUE, GREG DE**  
STREET ADDRESS **12232 US HWY 301**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ Change ☒ Addition  
NAME **KATHERINE McLeod**  
STREET ADDRESS **4947 COATS RD**  
CITY-ST-ZIP **Zephyrhills, FL 33542**

TITLE **DP** ☐ Delete  
NAME **KELLY, THERESA**  
STREET ADDRESS **12232 S HWY 301**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ Change ☒ Addition  
NAME **Scott B. Rose**  
STREET ADDRESS **141506th ST**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☐ Delete  
NAME **PETTY, KATHERINE**  
STREET ADDRESS **5720 GALL BLVD**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **DS** ☐ Change ☒ Addition  
NAME **PATRICIA HURDYRT**  
STREET ADDRESS **5720 GALL BLVD**  
CITY-ST-ZIP **Zephyrhills, FL 33541**

TITLE **DT** ☐ Delete  
NAME **HULBERT, MATT**  
STREET ADDRESS **P.O. BOX 1327**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **D** ☐ Change ☒ Addition  
NAME **DANNY WRIGHT**  
STREET ADDRESS **5710 GALL BLVD**  
CITY-ST-ZIP **Zephyrhills, FL 33541**

TITLE **SD** ☒ Delete  
NAME **PRILLIMAN, MICHAEL**  
STREET ADDRESS **4947 COATS RD**  
CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Ronald Oakley**  
STREET ADDRESS **PO Box 470**  
CITY-ST-ZIP **LAKE WALES FL 33559**

TITLE **D** ☐ Delete  
NAME **NASH, RACHEL**  
STREET ADDRESS **36911 CONLEY ST**  
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

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:

*Signature of Michael Prilliman*

**4-9-03**

**813-483-3194**

CR2E037 (10/02)