

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90081 041 ****61.25

DOCUMENT # 745043

1. Entity Name

PASCO COUNTY 4-H YOUTH FOUNDATION, INC.

Principal Place of Business

Mailing Address

36702 STATE RD. 52
 DADE CITY FL 33525-5138
 US

36702 STATE RD. 52
 DADE CITY FL 33525-5138
 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

59-2329747

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

JEAN, HINK
36702 STATE ROAD 52
DADE CITY FL 33525-5138

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	STEIERT, SHERRY	225 E MICHIGAN AVE	SAN ANTONIO, FL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	MARY LEE, CAPPARELLI	28426 DARBY RD.	DADE CITY FL 33525-7720	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CRISP, MARY E. (BETSY)	36702 STATE ROAD 52	DADE CITY FL	<input checked="" type="checkbox"/>	D	Vivienne E. Harris	36702 State Road 52	Dade City, FL 33525	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MD	JEAN, HINK	36702 STATE RD 52	DADE CITY FL 33525	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Mary Lee Capparelli* **MARY LEE Capparelli** **4/4/01** **352-521-4288**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)