

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

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

03-10-2003 90766 025 \*\*\*\*61.25

**DOCUMENT # 745043**

1. Entity Name  
**PASCO COUNTY 4-H YOUTH FOUNDATION, INC.**



Principal Place of Business  
**36702 STATE RD. 52  
DADE CITY FL 33525-5138  
US**

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

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
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

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

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

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 **STEIERT, SHERRY**  
STREET ADDRESS **225 E MICHIGAN AVE**  
CITY-ST-ZIP **SAN ANTONIO, FL 00000**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD**  Delete  
NAME **MARY LEE, CAPPARELLI**  
STREET ADDRESS **28426 DARBY RD.**  
CITY-ST-ZIP **DADE CITY FL 33525-7720**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **HARRIS, VIVIENNE E**  
STREET ADDRESS **36702 STATE ROAD 52**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MD**  Delete  
NAME **JEAN, HINK**  
STREET ADDRESS **36702 STATE RD 52**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Mary Lee Capparelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MARY LEE CAPPARELLI** 3/6/03 352-521-4288

CR2E037 (10/02)