2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # 752255** Jul 28, 2000 8:00 am 1. Entity Name **Secrétary of State** BOYS AND GIRLS CLUB OF PASCO COUNTY, INC. 07-28-2000 90153 029 ****61.25 Principal Place of Business Mailing Address 8923 YOUTH LANE P. O. BOX 1 PORT RICHEY FL 34668 NEW PORT RICHEY FL 34656-0001 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2009715 Not Applicable Zip Country Country **\$8.75** Additional --5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent J<u>udy</u> Vincent Street Address (P.O. Box Number is Not Acceptable) PARKER, JUDY 1201 Altoona Ave 5511 DRINKARD DR Hudson, Fl 34667 **NEW PORT RICHEY FL 34653** Zip Code 3466.7 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. <u>Vincent, Board President</u> SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Change X Addition Vice President NAME GROSSMAN, JACK Bruce Mills STREET ADDRESS STREET ADDRESS 10532 ALICO POSS 7916 Congress St. CITY-ST-7IP CITY-ST-7IP **NEW PORT RICHEY FL** Port Richey, FL 34668 ☐ Change TITLE TITLE Delete Gwen Stevenson NAME WALDEN, SHELITA NAME 6214 U.S. Hwy 19 N. STREET ADDRESS STREET ADDRESS .9550-17-U.S. 19 ------New=Port Richey, FL 34652... CITY-ST-7IP CITY-ST-7IP PORT RICHEY FL ■ Addition TITLE ☐ Defete TITI F Past President NAME LEMBO, PAUL NAME Judy Parker STREET ADDRESS STREET ADDRESS 9880 OSCEOLA DR 5511 Drinkard Dr. CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL** New Port Richey, FI ☐ Change ☐ Addition TITLE ☐ Delete TITLE PARKER, JUDY NARAF NAME STREET ADDRESS STREET ADDRESS 5432 MAIN ST. CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** X Delete ☐ Change Addition TITLE NAME NAME BLEAU, BETTY STREET ADDRESS STREET ADDRESS 5316 US HWY 19 CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** ☐ Change Addition TITLE ☐ Delete LUIKART, STEVE NAME STREET ADDRESS STREET ADDRESS 7829 CAMPUS DR CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34653** 12. I hereby certify that the information supplied with this filling 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.

Daytime Phone #