2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
04-23-2002 90430 008 ****70.00

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30629

1. Entity Name

BOYS AND GIRLS CLUB OF PASCO COUNTY, INC.

Principal Place of Business	Mailing Address
8923 YOUTH LANE PORT RICHEY FL 34668 US	P. O. BOX 1 NEW PORT RICHEY FL 34656-0001

DO NOT WRITE IN THIS SPACE

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 59-2009715 ☐ 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
LUIKART, STEVE 7829 CAMPUS DR. NEW PORT RICHEY FL 34653	Name: Susan Stackpole-Kelley Street Address (P.O. Box Number is Not Acceptable): 2058 Norfolk Dr. City: Holiday, FL FL Zip Code: 34691

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: Susan Stackpole-Kelley
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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			TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	P President Elect	☐ Delete		☐ Change ☐ Addition
NAME	MILLS, BRUCE			
STREET ADDRESS	7916 CONGRESS ST.			
CITY-ST-ZIP	PORT RICHEY FL 34668			
TITLE	PP	☐ Delete		☐ Change ☐ Addition
NAME	VINCENT, JUDY			
STREET ADDRESS	1201 ALTOONA AVE.			
CITY-ST-ZIP	HUDSON FL 34667			
TITLE	D Treasurer	☐ Delete		☐ Change ☐ Addition
NAME	LEMSO, PAUL			
STREET ADDRESS	9880 OSCEOLA DR			
CITY-ST-ZIP	NEW PORT RICHEY FL			
TITLE	D	☒ Delete XX		☐ Change ☐ Addition
NAME	PARKER, JUDY			
STREET ADDRESS	5432 MAIN ST.			
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			
TITLE	D President	☐ Delete		☐ Change ☐ Addition
NAME	LUIKART, STEVE			
STREET ADDRESS	7829 CAMPUS DR			
CITY-ST-ZIP	NEW PORT RICHEY FL 34653			
TITLE	Secretary	☐ Delete		☐ Change ☐ Addition
NAME	Ann Addino			
STREET ADDRESS	5946 Missouri Ave.			
CITY-ST-ZIP	New Port Richey, FL 34652			

CR2E037 (9/01)

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 REQUIRED 4/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #