

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90167 033 \*\*\*\*61.25

DOCUMENT # 752825

1. Entity Name

CITIZENS ASSOCIATION OF PORT RICHEY, INC.

Principal Place of Business

8231 HAYWARD LANE  
 PORT RICHEY FL 34668  
 US

Mailing Address

8231 HAYWARD LANE  
 PORT RICHEY FL 34668  
 US

2. Principal Place of Business

5147 BAY BLVD.

Suite, Apt. #, etc.

3. Mailing Address

5147 BAY BLVD.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT RICHEY, FL

City & State

PORT RICHEY, FL

4. FEI Number

59-2092079

Applied For

Not Applicable

Zip

34668

Country

U.S.A.

Zip

34668

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRENTH, CAROL  
 8231 HAYWARD LANE  
 PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name WILLIAM C. FAULKNER, JR.

Street Address (P.O. Box Number is Not Acceptable)

5147 BAY BLVD.

City PORT RICHEY

FL

Zip Code

34668

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 WILLIAM C. FAULKNER, JR., PRES.

4/16/01

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

TITLE S  
 NAME WERNET, RACHAEL  Delete  
 STREET ADDRESS 5424 BAYLEA AVE  
 CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ~~S~~ D  
 NAME DRENTH, CAROL  Delete  
 STREET ADDRESS 8231 HAYWARD LANE  
 CITY-ST-ZIP PORT RICHEY FL 34668

TITLE T  
 NAME RAIMOND, PATRICIA  Delete  
 STREET ADDRESS 5238 MILLER BAYOU DR  
 CITY-ST-ZIP PORT RICHEY FL

TITLE D  
 NAME WATSON, CASSY  Delete  
 STREET ADDRESS 5224 MILLER BAYOU DR  
 CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D  
 NAME TRUE, DONNA  Delete  
 STREET ADDRESS 8612 GREEN ST  
 CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D  
 NAME FAULKNER, VALERIE  Delete  
 STREET ADDRESS 5147 BAY BLVD  
 CITY-ST-ZIP PORT RICHEY FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
 NAME WILLIAM C. FAULKNER, JR.  Change  Addition  
 STREET ADDRESS 5147 BAY BLVD.  
 CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE V  
 NAME JANET SCHRECONGOST  Change  Addition  
 STREET ADDRESS 8706 GREEN STREET  
 CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE D  
 NAME SANDRA SPALDI  Change  Addition  
 STREET ADDRESS 8207 OLD POST ROAD  
 CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE  Change  Addition

TITLE  Change  Addition

TITLE  Change  Addition

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 another like empowered.

SIGNATURE: PATRICIA RAIMOND, TREAS.

4/16/01 (727) 842-6367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)