

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.

City & State

PORT RICHEY, FL

City & State

PORT RICHEY, FL

Zip

34668

Country

U.S.A.

Zip

34668

Country

U.S.A.

4. FEI Number

59-2092079

Applied For

Not Applicable

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

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
STREET ADDRESS 5424 BAYLEA AVE
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Delete

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 an other 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)