

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90070 031 \*\*\*\*61.25

**DOCUMENT # 752825**

1. Entity Name

**CITIZENS ASSOCIATION OF PORT RICHEY, INC.**

Principal Place of Business

Mailing Address

5147 BAY BLVD  
 PORT RICHEY FL 34668  
 US

5147 BAY BLVD  
 PORT RICHEY FL 34668  
 US

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

**59-2092079**

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

**FAULKNER, WIKKIAM C JR.**  
**5147 BAY BLVD**  
**PORT RICHEY FL 34668**

Name  
**FAULKNER, WILLIAM C. 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.*  
**WILLIAM C. FAULKNER, JR. PRESIDENT**

**4/8/02**

**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	<b>S</b> <b>WERNET, RACHAEL</b> <b>5424 BAYLEA AVE</b> <b>PORT RICHEY FL 34668</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DRENTH, CAROL</b> <b>8231 HAYWARD LANE</b> <b>PORT RICHEY FL 34668</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RAIMOND, PATRICIA</b> <b>5238 MILLER BAYOU DR</b> <b>PORT RICHEY FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WATSON, CASSY</b> <b>5224 MILLER BAYOU DR</b> <b>PORT RICHEY FL 34668</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRUE, DONNA</b> <b>8612 GREEN ST</b> <b>PORT RICHEY FL 34668</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FAULKNER, VALERIE</b> <b>5147 BAY BLVD</b> <b>PORT RICHEY FL</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>RAIMOND, PATRICIA</b> <b>5238 MILLER BAYOU DR.</b> <b>PORT RICHEY, FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>PARISI, JUDY</b> <b>5819 QUEENER AVE.</b> <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>ROBERTSON, MARY ANN</b> <b>7735 CHAPEL AVE.</b> <b>PORT RICHEY, FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>COVAR, ROSE</b> <b>7723 CHAPEL AVE.</b> <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HEITNER, ELINOR</b> <b>DIRECTOR</b> <b>8406 CAROLYN DRIVE</b> <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRES.</b> <b>SCHRECONGOST, JANET</b> <b>8706 GREEN STREET</b> <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Patricia Raimond*  
**PATRICIA RAIMOND SECRETARY**

**4/8/02** (727) 842-6367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)