

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768824

1. Entity Name

THE PASCO COUNTY SECURITY PATROL ASSOCIATION, IN

Principal Place of Business

Mailing Address

STERNIG, JIM
7531 EMBASSY BLVD
PORT RICHEY FL 34668
US

7531 EMBASSY 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

59-2877014

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

Name

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

City

FL

Zip Code

STERNIG, JIM
7531 EMBASSY BLVD
PORT RICHEY FL 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME STERNIG, JIM
STREET ADDRESS 7531 EMBASSY BLVD
CITY-ST-ZIP PORT RICHEY FL ☐ Delete

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

TITLE V
NAME HOOPS, CHRIS W.
STREET ADDRESS 9817 TRADEWINDS DRIVE
CITY-ST-ZIP PORT RICHEY FL ☐ Delete

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

TITLE T
NAME GALLAGHER, JAMES F
STREET ADDRESS 8606 PAXTON DR
CITY-ST-ZIP PT RICHEY FL 34668 ☐ Delete

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

TITLE D
NAME NUZZI, LOUIS
STREET ADDRESS 8830 PAXTON DR
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Delete

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

TITLE D
NAME RATACYK, DENNIS
STREET ADDRESS 9613 GARY ST
CITY-ST-ZIP HUDSON FL 34669 ☒ Delete

TITLE D
NAME BARBARA LANTZ
STREET ADDRESS 9716 RAINBOW LANE
CITY-ST-ZIP PORT RICHEY, FL 34668 ☒ Change ☐ Addition

TITLE D
NAME MOSKOWITZ, ARTHUR
STREET ADDRESS 28538 TWINBROOK LANE
CITY-ST-ZIP WESLEY CHAPEL FL ☐ Delete

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 all other like empowered.

SIGNATURE:

Jim Sternig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90094 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)