2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State
06-27-2001 90290 008 ****61.25

DOCUMENT # N000 0000 2725

1. Entity Name
Community Outreach Center of Pasco County INC,

(VA)

Principal Place of Business
6825 Trouble Creek Rd.
New Port Richey, FL
34653

Mailing Address

772693

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 59-372-4930 ☐ 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
Scott Mauro 1671 Brook Drive Dunedin, FL 34698	Name Tony Salerno Street Address (P.O. Box Number is Not Acceptable) 8621 Shadblow Court #5 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 [signature] 6-22-01
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Stacy T. Mauro 1671 Brook Drive Dunedin, FL, 34698	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Tony Salerno 8621 Shadblow Court #5 Port Richey, FL, 34668	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Mark Plumb 5053 Farnsworth Lane New Port Richey, FL, 34653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Edwin Estrada 10822 maplewood Drive Port Richey, FL, 34668	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Scott P. Mauro 1671 Brook Drive Dunedin, FL, 34698	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Lynn Golduc 13209 Sumpter Circle Hudson, FL, 34667	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Beverlee Plummber 6186 Seaside Drive New Port Richey, FL, 34653	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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] 6-22-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #