

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90290 008 ****61.25

DOCUMENT # 000 0000 2725

1. Entity Name
 COMMUNITY CENTER OF PASCO COUNTY INC.

Principal Place of Business
 6825 TROUBLE CREEK RD.
 NEW PORT RICHEY, FL
 34653

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

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)

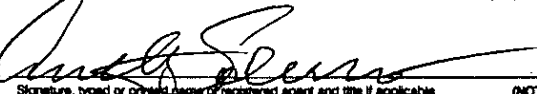
8621 SHADBLow COURT #5

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

6-22-01

FILE NOW
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Mass Check Payment
 Instructions on Back

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D
 NAME STACY T. MAURO
 STREET ADDRESS 1671 BROOK DRIVE
 CITY-ST-ZIP DUNEDIN, FL, 34698 ☒ Delete

TITLE P/D
 NAME Tony Salerno
 STREET ADDRESS 8621 SHADBLow COURT #5
 CITY-ST-ZIP PORT RICHEY, FL, 34668 ☒ Change ☐ Addition

TITLE VP/D
 NAME MARK PLUMB
 STREET ADDRESS 5053 FARNSWORTH LANE
 CITY-ST-ZIP NEW PORT RICHEY, FL, 34653 ☒ Delete

TITLE VP/D
 NAME Edwin ESTRADA
 STREET ADDRESS 10822 MAPLEWOOD DRIVE
 CITY-ST-ZIP PORT RICHEY, FL, 34668 ☒ Change ☐ Addition

TITLE S/T/D
 NAME Scott P. MAURO
 STREET ADDRESS 1671 BROOK DRIVE
 CITY-ST-ZIP DUNEDIN, FL, 34698 ☒ Delete

TITLE S/T/D
 NAME Lynn Bolduc
 STREET ADDRESS 13209 SUMPTER CIRCLE
 CITY-ST-ZIP HUDSON, FL, 34667 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE D
 NAME Beverlee Plumber
 STREET ADDRESS 6186 SEASIDE DRIVE
 CITY-ST-ZIP 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

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 817, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)