

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90020 020 \*\*\*\*61.25

**DOCUMENT # N00000003410**

1. Entity Name

**THE FUNDRAISING CENTER, INC.**

Principal Place of Business

Mailing Address

12831 U.S. HWY. 19  
NEW PORT RICHEY FL 34652

12831 U.S. HWY. 19  
NEW PORT RICHEY FL 34652

Hudson FL 34668

Hudson, FL 34668

2. Principal Place of Business

12831 US Hwy 19

3. Mailing Address

12831 US Hwy 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson FL 34668

City & State

Hudson FL

Zip

34668

Country

US

Zip

34668

Country

US

4. FEI Number

59-3658146

Applied For

-- Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUARLES, COLLEEN  
3154 CONVERSE AVE.  
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Colleen Quarles* PTD

1/16/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD QUARLES, COLLEEN 12831 U.S. HWY. 19 NEW PORT RICHEY FL 34652 Hudson FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARCON, PAUL 12831 U.S. HWY. 19 Hudson, FL NEW PORT RICHEY FL 34652 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tammy Hill 12831 US Hwy 19 Spring Hill Hudson FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hudson, FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hudson, FL 34668	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

*Colleen Quarles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

Date

352-279-5436

Daytime Phone #

CR2037 (10/00)