2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State
01-31-2001 90002 024 ****62.25

DOCUMENT # N00000007598

1. Entity Name

FAMILY RESTORATION PROGRAMS OF PASCO COUNTY, INC

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

[redacted]

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 59-3685796 ☐ 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
PSOFIMIS, HEATHER 9251 VIA SEGOVIA NEW PORT RICHEY FL 34655	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 HEATHER PSOFIMIS [signature] 1-12-01
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 PSOFIMIS, HEATHER 9251 VIA SEGOVIA NEW PORT RICHEY FL 34655	☐ Delete	Richard Snyder (T) 5919 Main Street New Port Richey, FL 34652	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOLMES, DANA 5838 MONTANA AVE. NEW PORT RICHEY FL 34652	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KONYNDYK, SHELLY 3241 FINCH DR. HOLIDAY FL 34690	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CORSONES, ALLISON 10514 QUIMBY DR. PORT RICHEY FL 34668	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Hope Soukup 28870 U.S. Hwy. 19, Ste 300 Clearwater, FL 33761	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dr. William B. Young (T) 3071 Commercial Way, Spring Hill, FL 34606	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: Heather Psofimis SIGNATURE REQUIRED [signature] 1-12-01 727/376-7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #