

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0054447

DOCUMENT # N01000000094

1. Entity Name

GUARDIANSHIP PROGRAM OF PASCO COUNTY, INC.

04-02-2002 90067 007 ****61.25

Principal Place of Business

Mailing Address

**5318 BALSAM ST
 NEW PORT RICHEY FL 34652**

**5318 BALSAM ST
 NEW PORT RICHEY FL 34652**

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

59-3691978

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

**GAY, GREGORY G
 5318 BALSAM ST
 NEW PORT RICHEY FL 34652**

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

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 **D** ☐ Delete
 NAME **AYCRIGG, WILLIAM**
 STREET ADDRESS **23902 FOREST PL**
 CITY-ST-ZIP **LAND O' LAKES FL 34639**

TITLE **D** ☐ Change ☒ Addition
 NAME **Thomas Mitchell**
 STREET ADDRESS **5911 Seaside Drive**
 CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE **D** ☐ Delete
 NAME **BAXTER, JUDITH L**
 STREET ADDRESS **14841 PEACE BLVD**
 CITY-ST-ZIP **SPRING HILL FL 34610**

TITLE **D, VP** ☐ Change ☒ Addition
 NAME **Joan Nelson Hook**
 STREET ADDRESS **5091 Ensign Loop**
 CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE **D** ☒ Delete
 NAME **CARLE, STEPHEN D**
 STREET ADDRESS **35320 BASELINE LN**
 CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D, T** ☐ Change ☒ Addition
 NAME **Jay Moreland**
 STREET ADDRESS **3933 Wellington Parkway**
 CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE **D** ☐ Delete
 NAME **DURSTEIN, RICHARD**
 STREET ADDRESS **1191 MINEOLA CT**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Change ☒ Addition
 NAME **Emil Laurino**
 STREET ADDRESS **3201 Trident Terrace**
 CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE **D, S** ☐ Delete
 NAME **DEPETRILLO, DOMINICK**
 STREET ADDRESS **5016 ANCHOR WAY**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☐ Change ☒ Addition
 NAME **N. Michael Kouskoutis**
 STREET ADDRESS **1106 Misty Lane**
 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **D, P** ☐ Delete
 NAME **GAY, GREGORY G**
 STREET ADDRESS **7831 CALLAN CT**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/22/02 (727) 849-1122

Date

Daytime Phone #

CR2E037 (9/01)