

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90086 017 ****61.25

DOCUMENT # N02000004965

1. Entity Name

PARENT-TO-PARENT OF PASCO COUNTY, INC.



Principal Place of Business

P.O. BOX 1599
ELFERS FL 36880-1599

Mailing Address

P.O. BOX 1599
ELFERS FL 36880-1599

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEHRER-STEFA, DEBRA L
10002 FRIERSON LAKE DRIVE
HUDSON FL 34669

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MEHRER-STEFA, DEBRA L**
CITY-ST-ZIP **10002 FRIERSON LAKE DRIVE**
HUDSON FL 34669

TITLE ☒ Change ☐ Addition
NAME **10002 Frierson Lk Dr.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCDOWELL, DONALD B**
CITY-ST-ZIP **6020 3RD AVENUE**
NEW PORT RICHEY FL 34653

TITLE ☐ Change ☒ Addition
NAME **TIS**
STREET ADDRESS **Ranz Adams**
CITY-ST-ZIP **4208 Craftsbury St.**
New Port Richey, FL 34652

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MCDOWELL, DEBORAH S**
CITY-ST-ZIP **6020 3RD AVENUE**
NEW PORT RICHEY FL 34653

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

DEBRA L MEHRER-STEFA

1-17-03 727/808-5775

CR2E037 (10/02)