

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05341

1. Entity Name

CITIZENS RESIDENTIAL CARE ASSOCIATION OF PASCO C

Principal Place of Business

Mailing Address

5532 AULD LN  
HOLIDAY FL 34690  
US

P O BOX 682  
P O BOX 682  
ELFERS FL 34690-0682  
US

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

59-2489490

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

TROY, GORDON D  
5828 CORKWOOD CT  
HOLIDAY FL 34690

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  
NAME PD  
STREET ADDRESS GLASS, BETTY J  
CITY-ST-ZIP 6345 SPRINGER DR  
PORT RICHEY FL 34668 ☐ Delete

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

TITLE  
NAME VD  
STREET ADDRESS WALL, JUDITH L  
CITY-ST-ZIP 12902 CEDAR RIDGE DR  
HUDSON FL 34669 ☐ Delete

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

TITLE  
NAME SD  
STREET ADDRESS BOWES, JUDITH M  
CITY-ST-ZIP 3500 MONTE RIO ST  
NEW PORT RICHEY FL 34655 ☐ Delete

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

TITLE  
NAME SD  
STREET ADDRESS BOWES, JUDITH M  
CITY-ST-ZIP 3500 MONTE RIO ST  
NEW PORT RICHEY FL 34655 ☒ Delete

TITLE  
NAME TD  
STREET ADDRESS Jones, Naomi M.  
CITY-ST-ZIP 1828 Arcadia Drive  
Holiday FL 34690 ☐ Change ☒ Addition

TITLE  
NAME D  
STREET ADDRESS TROY, GORDON D  
CITY-ST-ZIP 5828 CORKWOOD CT  
HOLIDAY FL 34690 ☐ Delete

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

TITLE  
NAME D  
STREET ADDRESS MONTANO, ALICE H  
CITY-ST-ZIP 5513 RIDDLE RD  
HOLIDAY FL 34690 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
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:

*Betty J. Glass*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27, 2000 727-849-4433

Date

Daytime Phone #

FILED  
Apr 04, 2000 8:00 am  
Secretary of State

04-04-2000 90098 001 \*\*\*\*61.25

633100



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