

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05341

1. Entity Name

CITIZENS RESIDENTIAL CARE ASSOCIATION OF PASCO C

Principal Place of Business

5532 AULD LN  
HOLIDAY FL 34690  
US

Mailing Address

P O BOX 682  
P O BOX 682  
ELFERS FL 34680  
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 PD  
NAME GLASS, BETTY J ☐ Delete  
STREET ADDRESS 6345 SPRINGER DR  
CITY-ST-ZIP PORT RICHEY FL 34668

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

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

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

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

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

TITLE TD  
NAME JONES, NAOMI M ☐ Delete  
STREET ADDRESS 1828 ARCADIA DR  
CITY-ST-ZIP HOLIDAY FL 34690

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

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

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

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

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: *Betty Glass* SIGNATURES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 2, 2001

727-849-4433

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)