

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05651

1. Entity Name

SOUTH PASCO COUNTY VOITURE 1576, 40/8, INCORPORA

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90011 042 ****61.25

Principal Place of Business

Mailing Address

PO BOX 113
NEW PORT RICHEY FL 34656-113
US

PO BOX 113
NEWPORT RICHEY FL 34656-0113
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

NOT APPLICABLE

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

BURRIS, BOBBY
#3225 MATHCLOCK DR
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

Bobby Burris

Bobby Burris

4/17/00

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 ☐ Delete
NAME **D**
STREET ADDRESS **HERIG, JOHN**
CITY-ST-ZIP **7820 SYCAMORE DR**
NEW PORT RICHEY FL

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FORTIN, EUGENE**
CITY-ST-ZIP **12220 LONGHORN DR.**
BAYONET POINT FL

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **POZNANSKI, CHESTER**
CITY-ST-ZIP **8150 BRENT ST, #743**
PORT RICHEY FL 34668

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CLARK, KEN**
CITY-ST-ZIP **7134 CASTANEA DR**
PORT RICHEY FL 34668

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **KAVAL, CHARLES**
CITY-ST-ZIP **5218 HIBISCUS CT.**
NEW PORT RICHEY FL

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BURRIS, TERRY**
CITY-ST-ZIP **3225 MATCHLOCK DR**
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:

RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00 727-937-7392

CR2E037 (9/99)