

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07377

1. Entity Name

PASCO COUNTY SENIOR MENS GOLF ASSOCIATION INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90005 044 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 2061
NEW PORT RICHEY FL 34656-2061

P.O. BOX 2061
NEW PORT RICHEY FL 34656-2061

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2484498

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GEARY, JOHN R
3915 TIDEWATER ROAD
NEW PORT RICHEY FL 34655

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	P	<input checked="" type="checkbox"/> Delete
NAME	STRECKER, RICHARD	
STREET ADDRESS	9239 TURNBERRY CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GIBBONS, THOMAS	
STREET ADDRESS	4663 SECRETARIAT RUN	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ROBY, PAUL	
STREET ADDRESS	3274 LORI LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GEARY, JOHN	
STREET ADDRESS	3915 RIDewater RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKEON, EUGENE SR	
STREET ADDRESS	3300 LORI LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	TSARD, ROBERT	
STREET ADDRESS	2917 TROPHY BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT DUNN	
STREET ADDRESS	P.O. BOX 2061	
CITY-ST-ZIP	N. P. R., FL 34656-2061	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH MILLER	
STREET ADDRESS	P.O. BOX 2061	
CITY-ST-ZIP	N. P. R., FL 34656-2061	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM HAYES	
STREET ADDRESS	P.O. BOX 2061	
CITY-ST-ZIP	N. P. R., FL 34656-2061	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE F. SMITH	
STREET ADDRESS	P.O. BOX 2061	
CITY-ST-ZIP	N. P. R., FL 34656-2061	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E037 (9/99)