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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
03-15-2001 90191 012 ****61.25

DOCUMENT # N07377

1. Entity Name

PASCO COUNTY SENIOR MENS GOLF ASSOCIATION INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2484498 ☐ 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
GEARY, JOHN R 3915 TIDEWATER ROAD NEW PORT RICHEY FL 34655	Name: KENNETH MILLER Street Address (P.O. Box Number is Not Acceptable): 3358 SCORECARD DR City: NEW PORT RICHEY FL Zip Code: 34655

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: X [signature] KENNETH MILLER 3/28/01
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 / STREET ADDRESS / CITY-ST-ZIP	P DUNN, ROBERT PO BOX 2061 NEW PORT RICHEY FL 34656-2061	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MILLER, KENNETH PO BOX 2061 NEW PORT RICHEY FL 34656-2061	☐ Delete	TITLE: PRESIDENT & DIRECTOR NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAYES, WILLIAM PO BOX 2061 NEW PORT RICHEY FL 34656-2061	☐ Delete	TITLE: SECRETARY & DIRECTOR NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, GEORGE F PO BOX 2061 NEW PORT RICHEY FL 34656-2061	☐ Delete	TITLE: TREASURER & DIRECTOR NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKEON, EUGENE SR 3300 LORI LANE NEW PORT RICHEY FL 34655	☒ Delete	TITLE: DIRECTOR NAME: OMAR BRAKEALL STREET ADDRESS: PO BOX 2061, NPR FL 34656 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TSAIRD, ROBERT 2917 TROPHY BLVD NEW PORT RICHEY FL 34655	☒ Delete	TITLE: VICE PRESIDENT & DIRECTOR NAME: JAMES COSTELLO STREET ADDRESS: PO BOX 2061, NPR FL 34656 CITY-ST-ZIP	☐ Change ☒ Addition

CR2E037 (10/00)

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] George F Smith 3/10/01 TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #