2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
01-28-2000 90076 004 ****61.25
FILED

00 AUG 10 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
L00012997

DO NOT WRITE IN THIS SPACE

DOCUMENT # N26365

1. Entity Name

ALLIANCE FOR THE MENTALLY ILL OF WEST PASCO, INC

Principal Place of Business	Mailing Address
1740 FAIRFIELD ST HOLIDAY FL 34691 US	1740 FAIRFIELD ST HOLIDAY FL 34691-4633 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 — 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
KUCHANOWSKI, HELEN 6035 SEA RANCH DRIVE 607A HUDSON FL 34667	Name: MANNUCCI, Theresa R. Street Address (P.O. Box Number is Not Acceptable): 6009 Sea Ranch Dr #308 City: Hudson Fla FL Zip Code: 34667

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: Theresa R. Mannucci — 8/8/2000
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	PD TODARO, MAUREEN 1740 FAIRFIELD STREET HOLIDAY FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KUCHANOWSKI, HELEN 6035 SEA RANCH DRIVE HUDSON FL 34667	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MANNUCCI Theresa R 6009 SEA RANCH DR #308 HUDSON FLA 34667 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROSE KOLLMER 8703 ROBILINA ROAD PORT RICHEY FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BLASSE, MARY 8023 PEPPER RIDGE LANE PORT RICHEY FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Theresa R. Mannucci — 1/22/2000 — 727869 1674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #