

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90114 049 ****61.25

DOCUMENT # N27398

1. Entity Name

PERFORMING ARTS GUILD OF PASCO COUNTY, FLORIDA, INC.

Principal Place of Business

Mailing Address

3243 JAMESTOWN DR
 C/OJ. TROSTER
 HOLIDAY FL 34691
 US

~~4843 ONYX LANE~~ Evelyn
~~C/O W KRUBOP #106~~ haubaug
 NEW PORT RICHEY FL 34652 5056 Galleon Ct
 US New Port Richey
 34652



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2988157

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

LAUBAUGH, EVELYN E
 5056 GALLEON CT
 NEW PORT RICHEY FL 34652

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** ☐ Delete
 NAME **TROSTER, JOSEPHINE**
 STREET ADDRESS **3243 JAMESTOWN DR**
 CITY-ST-ZIP **HOLIDAY FL**

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

TITLE **V** ☐ Delete
 NAME **SANSOUY, DOROTHY HELEN**
 STREET ADDRESS **3629 MCCLOUD ST**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE **D** ☐ Delete
 NAME **LAUBAUGH, EVELYN E**
 STREET ADDRESS **5056 GALLEON CT**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE **D** ☐ Delete
 NAME **SCHNULLE, JOHANNA**
 STREET ADDRESS **4522 SEAGULL DR. APT. 205**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE **D** ☐ Delete
 NAME **EGGERS, LUCILLE**
 STREET ADDRESS **12906 A WEDGEWOOD WAY**
 CITY-ST-ZIP **BAYONET POINT FL 34667**

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

TITLE **T** ☐ Delete
 NAME **LAUBAUGH, EVELYN**
 STREET ADDRESS **5056 GALLEON COURT**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evelyn Laubough
 2/19/2002

(727) 347-3420
 3420
 3420

CR2E037 (9/01)