

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32813

1. Entity Name

PASCO AIDS SUPPORT COMMUNITY ORGANIZATION, INC.

Principal Place of Business

P O BOX 577  
NEW PORT RICHEY FL 34656

Mailing Address

P O BOX 577  
NEW PORT RICHEY FL 34656-0577

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MARK VIRGILIO  
6215 VERMONT AVE  
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name Ronald Hulsaver  
Street Address (P.O. Box Number is Not Acceptable) 4473 Grandwood Ln.  
City NEW PORT RICHEY, FL Zip Code 34653

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 Ronald Hulsaver  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-2000

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VIRGILIO, MARK	
STREET ADDRESS	6215 VERMONT AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MEINZINGER, PHILIP	
STREET ADDRESS	2 RIVER RD	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURNEY, SHEILA	
STREET ADDRESS	6615 DOON ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34656	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOLSAVER, RON	
STREET ADDRESS	6520 RIDGE RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Hulsaver	
STREET ADDRESS	4473 Grandwood Ln.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID LEWANDOWSKI	
STREET ADDRESS	3220 Ludlow DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP meinzinger	
STREET ADDRESS	5622 River Road	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anna Gaydos	
STREET ADDRESS	15715 Larry Rd	
CITY-ST-ZIP	Spring Hill FL 34610	
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: Ronald Hulsaver  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 03, 2000 8:00 am  
Secretary of State

04-03-2000 90160 033 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2962044

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

CR2E037 (9/99)