

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N32813

FILED  
Apr 11, 2002 8:00 AM  
Secretary of State

**Entity Name:** PASCO AIDS SUPPORT COMMUNITY ORGANIZATION, INC.

**Current Principal Place of Business:**

P O BOX 577  
NEW PORT RICHEY, FL 34656

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 577  
NEW PORT RICHEY, FL 34656

**New Mailing Address:**

**FEI Number:** 59-2962044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HULSAVER, RONALD  
4473 GRANDWOOD LANE  
NEW PORT RICHEY, FL 34653

**Name and Address of New Registered Agent:**

HULSAVER, RONALD  
5102 SOUTH ROAD  
NEW PORT RICHEY, FL 34652

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

04/11/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HULSAVER, RONALD  
Address: 4473 GRANDWOOD LN  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD ( ) Delete  
Name: MEINZINGER, PHILIP  
Address: 5311 INDIANA AVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD ( ) Delete  
Name: WAHE, CRAIG  
Address: 4473 GRANDWOOD LN  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VPD ( ) Delete  
Name: GAYDOS, ANNA  
Address: 5544 RIVER GULF RD, LOT 1  
City-St-Zip: PORT RICHEY, FL 34668

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HULSAVER, RONALD  
Address: 5102 SOUTH ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Change ( ) Addition  
Name: MEINZINGER, PHILIP  
Address: 5711 INDIANA AVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SC (X) Change ( ) Addition  
Name: GEARIN, ED  
Address: 6246 NEBRASKA AVENUE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD (X) Change ( ) Addition  
Name: GAYDOS, ANNA  
Address: 6814 CURLEW LANE  
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD HULSAVER

PD

04/11/2002

Electronic Signature of Signing Officer or Director

Date