

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34283

1. Entity Name

THE WEST PASCO ROSE SOCIETY, INC.

Principal Place of Business

3909 LAKE JOYCE DR
LAND O LAKES FL 34639
US

Mailing Address

LEO G WHALEY
3909 LAKE JOYCE DRIVE
LAND O LAKES FL 34639
US

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2908800

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHALEY, LEO G
3909 LAKE JOYCE DRIVE
LAND O LAKES FL 34639

7. Name and Address of New Registered Agent

Name NA

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

January 30, 2001

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 P
NAME WHALEY, LEO G
STREET ADDRESS 3909 LAKE JOYCE DRIVE
CITY-ST-ZIP LAND O LAKES FL 34639 ☐ Delete

TITLE VP
NAME STIA, RUTH
STREET ADDRESS 8841 CESSNA DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☒ Delete

TITLE D
NAME FADOU, MAARY
STREET ADDRESS 7735 PARKWAY BLVD
CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE S
NAME BRYAN, RON
STREET ADDRESS 9825 SANDSTONE LANE
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ Delete

TITLE D
NAME DIONIO, PETER
STREET ADDRESS 5707 DALTON COURT
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

TITLE T
NAME KURVINK, EVELYN
STREET ADDRESS 7812 GUNSHOT LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VP
NAME Gust, Judith
STREET ADDRESS 5117 Perennial Drive
CITY-ST-ZIP Holiday, FL 34690 ☒ Change ☐ Addition

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

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

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

TITLE T
NAME Stia, Ruth
STREET ADDRESS 8841 Cessna Drive
CITY-ST-ZIP New Port Richey, FL.34654 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

913-996-4526

Date Daytime Phone #

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90262 043 *****61.25

C0018258



DO NOT WRITE IN THIS SPACE

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