

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34283

1. Entity Name

THE WEST PASCO ROSE SOCIETY, INC.

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90071 032 ****61.25

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

Name change see line 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2908800

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

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

7. Name and Address of New Registered Agent

Name

Margaret Whaley

Street Address (P.O. Box Number is Not Acceptable)

3909 Lake Joyce Dr.,

City

Land O' Lakes, FL

FL

Zip Code

34639

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.

Margaret Whaley

01/10/02

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHALEY, LEO G 3909 LAKE JOYCE DRIVE LAND O LAKES FL 34639	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUST, JUDITH 5117 PERENNIAL DR HOLIDAY FL 34690	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FADOU, MAARY 7735 PARKWAY BLVD HUDSON FL 34667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRYAN, RON 9825 SANDSTONE LANE PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIONIO, PETER 5707 DALTON COURT NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STIA, RUTH 8841 CESSNA DR NEW PORT RICHEY FL 34654	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Margaret Whaley 3909 Lake Joyce Drive Land O'Lakes, FL. 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP Mary Fadoul 7735 Parkway Blvd Hudson, FL. 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Laura Magnon 2620 Cabot Road Land O' Lakes, FL. 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Margaret Whaley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret Whaley

01/10/02

813-996-4536

CR2E037 (9/01)