

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37827

1. Entity Name

WEST PASCO HABITAT FOR HUMANITY, INC.

Principal Place of Business

P.O. BOX 334  
NEW PT. RICHEY FL 34656-0334  
US

Mailing Address

P.O. BOX 334  
NEW PT. RICHEY FL 34656-0334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3000450

Applied For

Not Applicable

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

PAUSE, BOB  
7975 KNOX LOOP  
NEW PORT RICHEY FL 34655

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 S  
NAME MCPHERON, CYNTHIA  
STREET ADDRESS 6810 RUNNEL DR.  
CITY-ST-ZIP NEW PORT RICHEY FL 34656 ☐ Delete

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

TITLE D  
NAME KALOGIANIS, CHUCK  
STREET ADDRESS 4752 CREST KNOLL LN.  
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

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

TITLE PD  
NAME PAUSE, BOB  
STREET ADDRESS 7975 KNOX LOOP  
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

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

TITLE V  
NAME COUTURE, ALBERT B  
STREET ADDRESS 4346 OTTER WAY  
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☐ Delete

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

TITLE T  
NAME FOSTER, MALCON DR.  
STREET ADDRESS 6841-2 MADISON ST.  
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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

FOSTER 2/7/01

727-855-9038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED  
Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90060 021 \*\*\*\*61.25

00010031



DO NOT WRITE IN THIS SPACE