2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2001 08:00 AM
Secretary of State

DOCUMENT # **N42053**

1. Entity Name
PASCO EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1248	P.O. BOX 1248
LAND O LAKES FL	LAND O LAKES FL
34639 US	34639 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3048717** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCLAIN, JOE A.
402 E CHURCH AVE
DADE CITY FL
33525 US

7. Name and Address of New Registered Agent

Name
WICHMANOWSKI HENRY GEXDIR
Street Address (P.O. Box Number is Not Acceptable)
DISTRICT SCHOOL BOARD OF PASCO COUNTY
7227 LAND O' LAKES BLVD.
City: LAND O' LAKES **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 **HENRY G. WICHMANOWSKI** **09/04/2001**
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CASTRIORA TOM 12930 US HWY. 19 HUDSON FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CASTRIORA TOM 12930 US HWY. 19 HUDSON FL 34667	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMALL KATHLEEN L 21827 STATE RD. 54 LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GRAY BRACKEN P.O. BOX 6665 / MC 2008 ST. LEO FL 33574	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DEWITT JOHN PO BOX 156 BROOKSVILLE FL 346050156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEWITT JOHN PO BOX 156 BROOKSVILLE FL 346050156	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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: JOHN DEWITT PD 09/04/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #