

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001113

1. Entity Name

FIRST CALL FOR HELP OF PASCO COUNTY, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90052 027 ****70.30

Principal Place of Business	Mailing Address
10934 U.S. HWY 19, SUITE 201 PORT RICHEY FL 34668	P.O. BOX 609 PORT RICHEY FL 34673-0609

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-3366461	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWDON, CATHRYN A
10934 US HWY 19
SUITE 201
PORT RICHEY FL 34668

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	T	<input type="checkbox"/> Delete
NAME	SPINA, STEVE	
STREET ADDRESS	5335 8TH ST	
CITY-ST-ZIP	ZEPHRHILLS FL 33540	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joanne Hurley	
STREET ADDRESS	14416 SR 52	
CITY-ST-ZIP	Hudson, FL 34669	

TITLE	P	<input type="checkbox"/> Delete
NAME	SEEBER, GERALD J	
STREET ADDRESS	5919 MAIN STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Holladay	
STREET ADDRESS	5647 Gulf Drive	
CITY-ST-ZIP	New Port Richey, FL 34652	

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, DON	
STREET ADDRESS	14100 FIVAY RD	
CITY-ST-ZIP	HUDSON FL 34667	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William G. Buck	
STREET ADDRESS	13100 Fort King Road	
CITY-ST-ZIP	Dade City, FL 33525	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KINNENUN, CHERRY	
STREET ADDRESS	5801 MAIN STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Kontydo	
STREET ADDRESS	8700 Citizen Drive	
CITY-ST-ZIP	New Port Richey, FL 34654	

TITLE	D	<input type="checkbox"/> Delete
NAME	LONG, JOHN DR.	
STREET ADDRESS	7227 LAND O' LAKES BLVD.	
CITY-ST-ZIP	LAND O' LAKES FL 34639	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MULIERI, PAT DR.	
STREET ADDRESS	7530 LITTLE ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Cathryn Ann Rowdon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/2000 727-843-9279

CR2E037 (9/99)