

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90065 036 ****70.00

DOCUMENT # N96000001113

1. Entity Name

FIRST CALL FOR HELP OF PASCO COUNTY, INC.

Principal Place of Business

Mailing Address

**10934 U.S. HWY 19, SUITE 201
 PORT RICHEY FL 34668**

**PO BOX 1026
 PORT RICHEY FL 34673-1026**

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

59-3366461

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	P HURLEY, JOANNE 14416 SR 52 HUDSON FL 34669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEEBER, GERALD J 5919 MAIN STREET NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNETT, ROBERT 6840 SR 52 HUDSON FL 34667	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, WILLIAM G 13100 FORT KING ROAD DADE CITY FL 33525	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, JOHN DR. 7227 LAND O' LAKES BLVD. LAND O' LAKES FL 34639	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULIERI, PAT DR. 7530 LITTLE ROAD NEW PORT RICHEY FL 34654	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TIM HOLLADAY 5647 GULF DRIVE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB KAMENESKI 7050 GALT BLVD RENNYR HILLS, FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY RUBY 7703 RADCLIFF CIRCLE PORT RICHEY, FL 34668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS TALDONE 5817 ROWAN ROAD NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Change <input checked="" 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 or without other like empowered.

SIGNATURE:

SIGNATURE OF TIM HOLLADAY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim Holladay

4/15/02

(727) 847-3838

Date

Daytime Phone #

CR2E037 (9/01)

Attachment
**FIRST CALL
FOR HELP**™



Member Agency of
United Way
of Pasco County

(800) 848-5542 (EAST & CENTRAL)
(727) 869-6677 (WEST)
TDD ACCESSIBLE

N9600001113/638514

P.O. BOX 1026 PORT RICHEY, FL 34673-1026

2002 Board of Directors

Joanne Hurley, President
Public Information Officer
Turnpike Parkway Public
Information Office
Land O'Lakes, FL
Tel: (813) 996-5835
FAX: (813) 558-5497

Tim Holladay, VP/Secretary
State Farm Insurance Agency
5647 Gulf Drive
New Port Richey, FL 34652
Tel: (727) 847-3838
FAX: (727) 846-0345

Gerald J. Seeber, Treasurer
City Manager
City of New Port Richey
5919 Main Street
New Port Richey, FL 34652
Tel: (727) 841-4500 x257
FAX: (727) 841-4575

William M. Jennings
Chief Operating Officer
North Bay Hospital
6600 Madison Street
New Port Richey, FL 34652
Tel: (727) 843-4500
FAX: (727) 848-8762

Bob Kamieneski
Administration Director
East Pasco Medical Center
Wellness Center
7050 Gall Blvd.
Zephyrhills, FL 33541
Tel: (813) 788-0411 x1666
FAX: (813) 715-6632

Dr. Pat Mulieri (The
Honorable)
County Commissioner
Pasco County Board of
County Commissioners
7530 Little Road
New Port Richey, FL 34654
Tel: (727) 847-8100
FAX: (727) 847-8969

Lawrence H. Ruby
Lawrence Insurance Service
7703 Radcliffe Circle
Port Richey, FL 34668
Tel: (727) 842-5735
FAX: (727) 842-5300

Nicholas Taldone
Law Offices of Nicholas
Taldone, Esq.
5817 Rowan Road
New Port Richey, FL 34653
Tel: (727) 817-1183
FAX: (727) 725-3689

2 vacant positions

* All Board members serve a
3 year term

Cherry D. Kinnunen, Ex-Officio
President
A Secret Garden Spa, Inc.
5807 Main Street
New Port Richey, FL 34652
Tel: (727) 849-8822
FAX: (727) 849-1405

Edward C. Blommel, Ex-
Officio
District Manager
Tampa Electric Company
P.O. Box 588
Dade City, FL 33526-0588
Tel: (352) 567-1665
FAX: (813) 228-1047