

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002464

1. Entity Name

PASCO COUNTY MOUNTED POSSE, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90101 003 ****61.25

Principal Place of Business

Mailing Address

34351 ATKINS RD.
ZEPHYRHILLS FL 33544

34351 ATKINS RD.
ZEPHYRHILLS FL 33544-5252

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

DO NOT WRITE IN THIS SPACE

59-3378117

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

BARLOW, FREDDA
34351 ATKINS RD.
ZEPHYRHILLS FL 33544

Name

Michael C. Boyette

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

The Travelin' Taxman

28237 SR 54 West

City

Wesley Chapel,

FL

Zip Code

33543-4207

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

Michael C. Boyette

1/13/00

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 PD ☐ Delete
NAME BARLOW, FREDDA
STREET ADDRESS 34351 ATKINS RD.
CITY-ST-ZIP ZEPHYRHILLS FL 33544

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

TITLE TD ☒ Delete
NAME ASHBROOK, GRADY
STREET ADDRESS 17130 HWY. 301
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Change ☒ Addition
NAME BARBARA WOLF
STREET ADDRESS 8720 JORT KING RD
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE D ☒ Delete
NAME FOWLER, RAY
STREET ADDRESS 27702 RAVEN BROOK ROAD
CITY-ST-ZIP WESTLEY CHAPEL FL 33544

TITLE ☐ Change ☒ Addition
NAME GRADY ASHBROOK DIRECTOR
STREET ADDRESS 17130 HWY. 301
CITY-ST-ZIP DADE CITY FL 33525

TITLE VPD ☐ Delete
NAME DAVIS, CAROLYN
STREET ADDRESS 12514 JOT EM DOWN LANE
CITY-ST-ZIP ODESSA FL 33556

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

TITLE SD ☒ Delete
NAME FVERST, DEBBIE
STREET ADDRESS 6350 EHREN CUTOFF
CITY-ST-ZIP LAND O' LAKES FL 34639

TITLE ☐ Change ☒ Addition
NAME BOBBI HAUSER SECRETARY
STREET ADDRESS 12510 JOT EM DOWN LN.
CITY-ST-ZIP ODESSA FL 33556

TITLE D ☒ Delete
NAME SALVETA, FRED
STREET ADDRESS 7315 RIVERBANK DR.
CITY-ST-ZIP NEW PT. RICHEY FL 34655

TITLE ☐ Change ☒ Addition
NAME DENNIS BARLOW DIRECTOR
STREET ADDRESS 34351 ATKINS RD
CITY-ST-ZIP ZEPHYRHILLS FL 33544

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:

Fredda Barlow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/00

Date

813-728-7217

Daytime Phone #

CR2E037 (9/99)