FILED

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Jan 10, 2003 8:00 am Secretary of State DOCUMENT # N96000002464 01-10-2003 90035 043 \*\*\*\*61.25 PASCO COUNTY MOUNTED POSSE, INC. Principal Place of Business Mailing Address 17933 EAST RD 17933 EAST RD HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3379117 Applied For Zip Not Applicable Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent BOYETTE, MICHAEL C LOUIS Street Address (P.O. Box Number is Not Acceptable) THE TRAVELIN' TAXMAN 28237 SR 54 WEST ZEPHYRHILLS FL 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. I am familiar with, and accept SIGNATURE $\partial$ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD ☐ Delete TITLE SD LOUIS, ROSSI Addition NAME Davis, Czeolyn STREET ADDRESS 17933 EAST RD STREET ADDRESS 39724 Richland Rd/Zephyahlls, FL CITY-ST-7IP **HUDSON FL 34667** CITY-ST-7IP TITLE Delete Sec TITLE NAME MILLER, CONNIE michalak, Kzeen NAME STREET ADDRESS 24130 TWISTER LANE STREET ADDRESS 18828 Floration Dr. CITY-ST-ZIP BROOKSVILLE FL 34602 CITY-ST-ZIP <u>Speing H.11, 1-L</u> TITLE Delete TITLE 5mith, macia NAME Smith, Marcia Addition NAME STREET ADDRESS 17351 EAGLE LANE STREET ADDRESS CITY-ST-ZIP 17351 Essle reve LAKE PANASOFFKEE FL 33538 CITY-ST-ZIP ☐ Delete TITLE ROSSI, KATHLEEN CLARK ☐ Change ☐ Addition NAME STREET ADDRESS 17933 EAST RD STREET ADDRESS CITY-ST-ZIP HUDSON FL 34667 CITY-ST-ZIP Delete TITLE NAME BECK, DONNIE ☐ Change ☐ Addition NAME STREET ADDRESS 7542 HACKANORE RD STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33541 CITY-ST-ZIP Delete TITLE WOLF, BARBARA **Change** ☐ Addition NAME STREET ADDRESS Wolf, Beebore 8700 FT. KING RD STREET ADDRESS CITY-ST-ZIP

8700Ft King Rd 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

ZEPHYRHILLS FL 33541

727-819 91G