


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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90212 015 \*\*\*\*61.25

**DOCUMENT # N96000003200**

1. Entity Name  
**PASCO-HERNANDO JOBS AND EDUCATION PARTNERSHIP REGIONAL BOARD, INC.**



Principal Place of Business  
**PASCO-HERNANDO JEP REGIONAL BD.  
15588 AVIATION LOOP AVE  
BROOKSVILLE FL 34609  
US**

Mailing Address  
**PO BOX 15790  
BROOKSVILLE FL 34609  
US**



CHECK HERE IF MAKING CHANGES

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3495908**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SLAYMAKER, THOMAS E ESQ.  
2218 HIGHWAY 44 WEST  
INVERNESS FL 34453**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HD YACHT, MARC J 10841 LITTLE RD NEW PORT RICHEY FL 34654</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LAURINO, EMILE 5532 AULD LANE HOLIDAY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HD CALLAGHAN, ELIZABETH 300 SOUTH MAIN STREET BROOKSVILLE FL 34605</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS BLOMME, ED 38008 MERIDIAN AVE DADE CITY FL 33525</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARRY, MARK 5283 NEFF LAKE RD BROOKVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C BLOMME, ED P O BOX 588 DADE CITY FL 33526</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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 checked="" type="checkbox"/> Addition

**CHAIR  
GREGG HOLLOWAY  
10540 RIDGE RD.  
NEW PORT RICHEY, FL 34654**

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: *Ed Blomme* **2/14/03** **352-797-5781**

CR2E037 (10/02)

N96000003200 Attachment

*[Handwritten signature]*

**Pasco Hernando Jobs and Education Partnership Regional Board  
Region 16 WAGES Coalition**

1	Barry, Mark	Chair-OS, PB B/BW, EXEC	5283 Neff Lake Road Brooksville, FL 34601
2	Blommel, Ed	PB HS/HW	38008 Meridian Ave. Dade City, FL 33525
3	Bouffard, Mary	B/BW	6603 E. Chelsea St. Tampa, FL 33610
4	Buckingham Richard	PB	33449 Ohio Avenue Ridge Manor, FL 33523
5	Burgher, Donald	OS	20116 Cortez Blvd Brooksville, FL 34601
6	Callaghan, Dennis	OS	661 S. Broad Street Brooksville, FL 34601
8	Coon, Roxane Board Vice-Chair	EXEC OS	12622 Elgin Boulevard Spring Hill, FL 34609
10	Davis, David	OS	P.O. Box 1603 Inverness, FL 34451
12	Holloway, Gregg BOARD CHAIR	EXEC, PB HS/HW, OS	10540 Ridge Road New Port Richey, FL 34654
13	Judson Robert	HS/HW	10230 Ridge Road New Port Richey, FL 34654
14	Kaczmarek, Katarzyna	HS/HW	30167 Power Line Road Brooksville, FL 34602
15	LaFontaine, Edward	FJ/FW	P.O. Box 6665 Saint Leo, Florida 33574
16	Laurino, Emile BOARD SECRETARY	OS, PB EXEC, FJ/FW	7027 US Hwy 19 New Port Richey, FL 34652
17	Long, John	HS/HW	7227 Land O' Lakes Bv. Land O' Lakes, FL 34639
18	Maldunas, Robert	HS/HW	Po Box 15736 Brooksville, FL 34604

*28282828*

**Pasco Hernando Jobs and Education Partnership Regional Board  
Region 16 WAGES Coalition**

	NAME	COMMITTEE	ADDRESS
19	Michael McHugh		26 S Brooksville Ave Brooksville, FL 34601
20	Mistal, John		30427 Commerce Drive San Antonio, FL 33576
23	Phillips, Dennis		P. O. Box 107 San Antonio, FL 33576
24	Risco, Maria	OS	4221 N. Himes Avenue Tampa, FL 33607-6200
25	Sacone, Steve	HS/HW	7826 Photonics Drive New Port Richey, FL 34655
26	Sanders, Diana		15006 Cortez Blvd. Brooksville, FL 34613
27	Stanley, Mary Jane	HS/HW	4111 Land O' Lakes Bv. Suite 305 Land O' Lakes, FL 34639
28	Sutton, Sherry	B/BW	36739 SR 52 Dade City, FL 33525
29	Tellone, Wendy	HS/HW	919 North Broad Street Brooksville, FL 34601
30	Thiel, Joan	FJ/FW	6301 Gall Blvd. Zephyrhills, FL 3541