

# 2000 UNIFORM BUSINESS REPORT (UBR)

0073742

DOCUMENT # N97000000333

1. Entity Name

PASCO COUNTY VISITORS & CONVENTION BUREAU, INC.

Principal Place of Business

GULF VIEW SQUARE MALL  
9409 U.S. HIGHWAY 19  
PORT RICHEY FL 34668

Mailing Address

GULF VIEW SQUARE MALL  
9409 U.S. HIGHWAY 19  
PORT RICHEY FL 34668-4625

2. Principal Place of Business

27821 State Rd 54 (1-75)  
Suite, Apt. #, etc.

3. Mailing Address

27821 State Rd 54 (1-75)  
Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

Wesley Chapel, FL

Zip

33543

Country

USA

Zip

33543

Country

USA

4. FEI Number

59-3434435

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, GARY L  
8726 STATE ROAD 54, SUITE E  
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name Kyle, Richard ED

Street Address (P.O. Box Number is Not Acceptable)  
27821 State Rd 54 (1-75)

City Wesley Chapel

FL

Zip Code

33543

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]*

Richard Kyle

9/25/00

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

TITLE D  
NAME HILL, GAIL  
STREET ADDRESS 4421 LANE RD  
CITY-ST-ZIP ZEPHYRHILLS FL 33541 ☐ Delete

TITLE ED  
NAME KYLE, RICHARD  
STREET ADDRESS 9409 HIGHWAY-19, STE 433  
CITY-ST-ZIP NEW PORT RICHEY FL 34668 ☒ Delete

TITLE D  
NAME TOLLE, MARK  
STREET ADDRESS 10439 COPPERWOOD DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

TITLE CD  
NAME SMITH, PHYLLIS  
STREET ADDRESS 11825 MUMBURY DR  
CITY-ST-ZIP DADE CITY FL 33525 ☐ Delete

TITLE D  
NAME MADSEN, AAGE R  
STREET ADDRESS 5721 GRAND BLVD  
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☒ Delete

TITLE D  
NAME STARKEY, FRANK  
STREET ADDRESS 12959 STATE RD 54  
CITY-ST-ZIP ODESSA FL 33556 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ED  
NAME Kyle, Richard  
STREET ADDRESS 27821 State Rd 54 (1-75)  
CITY-ST-ZIP Wesley Chapel, FL 33543 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500003423585-8  
-10/12/00--01095--021  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
SAME

TITLE D  
NAME MEDUFFIE, CLIP  
STREET ADDRESS 27821 State Rd 54 (1-75)  
CITY-ST-ZIP Wesley Chapel, FL 33543 ☒ Change ☐ Addition

TITLE CD  
NAME STARKEY, FRANK  
STREET ADDRESS 12959 STATE RD 54  
CITY-ST-ZIP ODESSA, FL 33556 ☒ Change ☐ Addition  
SP

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: SIGNATURE REQUIRED

9/25/00 813 907-9426

CR2E037 (9/99)