

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90047 010 ****61.25

DOCUMENT # N97000002354

1. Entity Name

WEST PASCO UTILITIES, INC.

Principal Place of Business

1518 US HWY. 19, UNIT C
 HOLIDAY FL 34691

Mailing Address

PO BOX 1176
 NEW PORT RICHEY FL 34652

2. Principal Place of Business

5245 U.S. Hwy. 19 N

3. Mailing Address

Suite, Apt. #, etc.

City & State

New Port Richey, FL

City & State

4. FEI Number

65-0762128

Applied For

Not Applicable

Zip

34652

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BORDA, JOSEPH R
 4925 CROSS BAYOU BOULEVARD
 NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

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

5245 U.S. Hwy. 19 N

City

New Port Richey

FL

Zip Code

34652

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)

4-30-01

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	<input type="checkbox"/> Delete
NAME	MCNEIL, HELEN L	
STREET ADDRESS	4925 CROSS BAYOU BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	BORDA, JOESPH R	
STREET ADDRESS	P.O. BOX 1176	
CITY-ST-ZIP	NEW PORT RICHEY FL 34656-1176	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOUNTAIN, MARGARET E	
STREET ADDRESS	4925 CROSS BAYOU BOULEVARD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5245 U.S. Hwy. 19 N	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5245 U.S. Hwy 19 N	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

4-30-01

CR2E037 (10/00)