2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # N97000003192 GUARDIANSHIP COUNCIL OF WEST PASCO, INC. 01-25-2000 90092 030 ****61.25 Principal Place of Business Mailing Address 4918 FLORAMAR TERRACE **4918 FLORAMAR TERRACE** NEW PORT RICHEY FL 34652-3300 NEW PORT RICHEY FL 34652 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3504967 Not Action Country 'Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HOOK, JOAN NELSON ESQ. 4918 FLORAMAR TERRACE **NEW PORT RICHEY FL 34652** Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: / 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change TITLE Delete HOOK, JOAN NELSON ESQ. NAME NAME STREET ADDRESS STREET ADDRESS **4918 FLORAMAR TERRACE** CITY-ST-7IP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** Director **7** Criange ☐ Addition Oelete TITLE TITLE Karoly to bbs Karolyn K. Hobbs NAME NAME HOLDEN: NANC STREET ADDRESS 5946 main street 408-1 STATE ROAD 54 STREET ADDRESS CITY-ST-ZIP 34652 CITY-ST-ZIP **NEW PORT RICHEY FL 34652** ☐ Addition Change TITLE Delete TITLE NAME NAME SNIZEK, PAULINE STREET ADDRESS 9006 SUNSHINE BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL 34654 Change ☐ Addition TITLE Delete TITLE THOMPSON, ANNETTE NAME NAME STREET ADDRESS STREET ADDRESS **13206 DON LOOP** CITY-ST-ZIP CITY-ST-7IP SPRING HILL FL 34609 TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS 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.