

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003192

1. Entity Name

GUARDIANSHIP COUNCIL OF WEST PASCO, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90205 019 ****61.25

Principal Place of Business

4918 FLORAMAR TERRACE
 NEW PORT RICHEY FL 34652
 US

Mailing Address

4918 FLORAMAR TERRACE
 NEW PORT RICHEY FL 34652
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3504967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOOK, JOAN NELSON ESQ.
 4918 FLORAMAR TERRACE
 NEW PORT RICHEY FL 34652

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **HOOK, JOAN NELSON ESQ.**
 STREET ADDRESS **4918 FLORAMAR TERRACE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☐ Delete
 NAME **HOBBS, KAROLYN K**
 STREET ADDRESS **5946 MAIN STREET**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☒ Delete
 NAME **SNIZEK, PAULINE**
 STREET ADDRESS **9006 SUNSHINE BOULEVARD**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **D** ☒ Delete
 NAME **THOMPSON, ANNETTE**
 STREET ADDRESS **13206 DON LOOP**
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
 NAME **Shannon Caraccia**
 STREET ADDRESS **4918 FLORAMAR TERRACE**
 CITY-ST-ZIP **New Port Richey, FL 34652**

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

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

TITLE ☐ Change ☐ 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: *Joan Nelson Hook, Pres.* 1-19-01 842-1001

CR2E037 (10/00)