2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am; Secretary of State DOCUMENT # N9700003192 1. Entity Name 05-15-2001 90205 019 ****61.25 GUARDIANSHIP COUNCIL OF WEST PASCO, INC. Principal Place of Business Mailing Address 4918 FLORAMAR TERRACE **4918 FLORAMAR TERRACE** ひひなんひん **NEW PORT RICHEY FL 34652 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 City & State 4. FEI Number Applied For City & State 59-3504967 Not Applicable Zip Country Zip 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 City 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 Signeture-typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ■ Addition TITLE ☐ Delete TITLE HOOK, JOAN NELSON ESQ. NAME **4918 FLORAMAR TERRACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP Delete ☐ Change Addition TITLE TITI F HOBBS, KAROLYN K NAME NAME STREET ADDRESS 5946 MAIN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL 34652 Delete 121-Change Shannon Caraccia ☐ Addition TITLE TITLE SNIZEK, PAULINE 4918 FIDRAMAR TERRACE New Port Richey, FL 34652 NAME NAME STREET ADDRESS STREET ADDRESS 9006 SUNSHINE BOULEVARD CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34654** Addition TITLE Delete TITLE Change THOMPSON, ANNETTE NAME NAME STREET ADDRESS STREET ADDRESS 13206 DON LOOP CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34609 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS = CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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1-19-01

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