2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700003192

GUARDIANSHIP COUNCIL OF WEST PASCO, INC.

Principal Place of Business

Mailing Address

3. Mailing Address

4918 FLORAMAR TERRACE NEW PORT RICHEY FL 34652

2. Principal Place of Business

4918 FLORAMAR TERRACE **NEW PORT RICHEY FL 34652**

FILED May 28, 2002 8:00 am Secretary of State 1. Entity Name 05-28-2002 91702 044 ****70.00



<u>491</u>	8 Floramar Terrace	P.O. BOX S	823		., .ss:: ss::: #a:: S\$:!! \$\$!!! \$\$!	00 tilbi itath (0)16 (10) (00)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	SPACE	
City & State	PortRichey, FL	City & State Hud Cax / F	EL	4. FEI Number)- 3504967	Applied For Not Applicable	
Zip 346.	Country	34674-5823	Country Pasc/	5. Certificate of Sta	atus Desired 🔀	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent		7. Name and Add	ress of New Registered A	\gent	
		ان فارون در ان المنافق المنافق المنافق المنافق المناف	Name	e fo <u>tem f</u> oest was	منتخبرت والاراب المالية والاراب	To A CART	
HOOK, JOAN NELSON ESQ. 45.2 FLORAMAR TERRACE NEW PORT RICHEY FL 34652			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
Çi,			City	City FL Zip Code			
SIGNATURE	named entity submits this statement for the stat			registered agent, or both, in			
FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Co.				9 S5.00 May Be			
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIF	RECTORS IN 10	
STREET ADDRESS	D HOOK, JOAN NELSON ESQ. 4918 FLORAMAR TERRACE NEW PORT RICHEY FL 34652	🔀 Delete	NAME STREET ADDRESS CITY-ST-ZIP	D Tyrone Martin 4245 Baden Holiday, FL	dale Drive 34691	☐ Change Addition	
TITLE NAME STREET AODRESS	D HOBBS, KAROLYN K 5946 MAIN STREET NEW PORT RICHEY FL 34652	Delete	NAME STREET ADDRESS	D Thist Cook and Pullouch C	: † .	□ Change Addition	
STREET ADDRESS	D CARACERA, SHANNON 4918 FLORAMAR TERRACE NEW PORT RICHEY FL 34652	Delete,	STREET ADDRESS	Wew Port Riche Margret Voigt P.O. Box 30, 50 Vew Port Rich	124 Trouble Cr	eek Rd	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE S	Doris Haselhu p.o. Bex 30 New Port RIL	• 1	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS , CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		71	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	

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.