

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006712

1. Entity Name

PASCO ANIMAL WELFARE SOCIETY, INC.

Principal Place of Business

11720 US 19
STE 26
PORT RICHEY FL 34668
US

Mailing Address

8728 US HWY 19
SUITE 116
PORT RICHEY FL 34668-5348
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 10

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3481554

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME MCCONKEY, MARGERY
STREET ADDRESS 9229 WOOD DR
CITY-ST-ZIP HUDSON FL

TITLE T/D ☐ Change ☒ Addition
NAME FUJIMOTO, BARBARA A.
STREET ADDRESS 9623 WHISPER RIDGE TRAIL
CITY-ST-ZIP WEEKI WACHEE FL 34613

TITLE TD ☐ Delete
NAME RICH, JEANETTE K
STREET ADDRESS 4450 DEWEY DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ORTIZ, DEBBIE
STREET ADDRESS 8728 US 19
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE S/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TOON, MAUREEN
STREET ADDRESS 928 GILLESPIE DR
CITY-ST-ZIP PLAM HARBOR FL 31684

TITLE V/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME REE, JOAN
STREET ADDRESS 5242 MAIN ST
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE V/D ☐ Change ☒ Addition
NAME LOMBARDO, CAROLYN
STREET ADDRESS 9340 GROUSE WAY
CITY-ST-ZIP HUDSON FL 34669

TITLE D ☒ Delete
NAME FUDIMOTO, JOAN
STREET ADDRESS 8728 US 19 STE 116
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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:

BARBARA A. FUJIMOTO 7 APR 2000 (727) 863-1309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)