

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006712

1. Entity Name

PASCO ANIMAL WELFARE SOCIETY, INC.

FILED

Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90032 007 ****61.25

Principal Place of Business

11720 US 19
STE 10
PORT RICHEY FL 34668
US

Mailing Address

8728 US HWY 19
SUITE 116
PORT RICHEY FL 34668
US

2. Principal Place of Business

11720 US 19

Suite, Apt. #, etc.

STE 10

City & State
PORT RICHEY FL 34668

Zip
34668

Country
USA

3. Mailing Address

11720 US 19

Suite, Apt. #, etc.

STE 10

City & State
PORT RICHEY, FL

Zip
34668

Country
USA



DO NOT WRITE IN THIS SPACE

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FUSIMOTO, BARBARA A
9623 WHISPER RIDGE TRAIL
WEEKI WACHEE FL 34613 ☒ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LOMBARDO, CAROLYN
9340 GROUSE WAY
HUDSON FL 34669 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAT MULIERI
7530 LITTLERD
NEW PORT RICHEY, FL 34653 ☐ Delete ☒ ADDITION

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JOAN REES
5803 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34652 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KENT MAYNARD
7038 ST ANDREWS BLVD #6
BROOKSVILLE, FL 34613 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
THERESA BOLIARD
10610 DEVEDO DR
PORT RICHEY, FL 34668 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARSHA CUNNINGHAM
6140 HOPEWELL DR
HOLIDAY, FL 34691 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HELEN ROSS
7306 Morningview St
BROOKSVILLE, FL 34613 ☐ 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.

SIGNATURE:

Jeanette K Rich, Pres. 4-3-01 727-819-9551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)