

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006467

1. Entity Name

PASCO CHRISTIAN HOMESCHOOL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3085
HOLIDAY FL 34690

P.O. BOX 3085
HOLIDAY FL 34690-0085

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

HEKHUIS, JUDY D
8533 VIVA VIA
HUDSON FL 34667

Name

HEKHUIS, JUDY D

Street Address (P.O. Box Number is Not Acceptable)

7500 Lily Pad Ct.

City

Hudson

FL

Zip Code
34667

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
HEKHUIS, JUDY
8533 VIVA VIA
HUDSON FL 34667

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7500 Lily Pad Ct.

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CT
HEKHUIS, GERALD
8533 VIVA VIA
HUDSON FL 34667

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7500 Lily Pad Ct.

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TT
PEARCE, MELINDA
513 RIVER VIEW LANE
TARPOON SPRINGS FL 34689

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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.

SIGNATURE:

Gerald P. Hekhuis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE