

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000003256**

1. Entity Name

**SANTA'S ANGEL PROGRAM OF PASCO COUNTY INC.****FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90063 016 \*\*\*\*70.00

978285



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7924 TALISMAN DR.  
PORT RICHEY FL 346687924 TALISMAN DR.  
PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3580220

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VAN DE PLAS, LISA  
7924 TALISMAN DR.  
PORT RICHEY FL 34668

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.9. 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PTD	VAN DE PLAS, LISA	7924 TALISMAN DR.	PORT RICHEY FL 34668	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	VAN DE PLAS, ADRIANUS	7924 TALISMAN DR.	PORT RICHEY FL 34668	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DD	SNOW, MARSHA	13742 BIG BEND DR.	HUDSON FL 34667	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (4/02)

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:

SIGNATURE OF LISA VAN DE PLAS

9-8-02

727-819-0892