

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90170 016 \*\*\*\*\*70.00

**DOCUMENT # N99000003256**

1. Entity Name

**SANTA'S ANGEL PROGRAM OF PASCO COUNTY INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**13742 BIG BEND DR.**

3. Mailing Address

**13742 BIG BEND DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HUDSON, FL.**

City & State

**HUDSON FL.**

Zip

Country

**34667-1610**

**PASCO**

Zip

Country

**34667-1610**

**PASCO**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

**VAN DE PLAS, LISA**

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

**13742 BIG BEND DR.**

City

**HUDSON**

FL

Zip Code

**34667-1610**

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 **Lisa M. van de Plas**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-2-03**

**FILE NOW: FEE IS \$61.25  
\$5.75  
70.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	VAN DE PLAS, LISA	
STREET ADDRESS	7924 TALISMAN DR.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VAN DE PLAS, ADRIANUS	
STREET ADDRESS	7924 TALISMAN DR.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	DD	<input type="checkbox"/> Delete
NAME	SNOW, MARSHA	
STREET ADDRESS	13742 BIG BEND DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DE PLAS, LISA	
STREET ADDRESS	13742 BIG BEND DR.	
CITY-ST-ZIP	HUDSON, FL. 34667-1610	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN DE PLAS, ADRIANUS	
STREET ADDRESS	13742 BIG BEND DR.	
CITY-ST-ZIP	HUDSON, FL. 34667-1610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Lisa M. van de Plas**

**5-2-03**

**131-868-2413**

CR2E037 (10/02)