

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000006507**

1. Entity Name

**PASCO COUNCIL OF CHAMBERS, INC.**

Principal Place of Business

**38550 5TH AVENUE  
ZEPHYRHILLS FL 33540**

Mailing Address

**38550 5TH AVENUE  
ZEPHYRHILLS FL 33540**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

**MCDUFFIE, W. CLIFF  
6130 17TH STREET  
ZEPHYRHILLS FL 33540****EIN  
59-3646110**

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 re-registering)

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCDUFFIE, W C</b>	
STREET ADDRESS	<b>6130 17TH ST</b>	
CITY-ST-ZIP	<b>ZEPHYRHILLS FL 33540</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, PHYLLIS S</b>	
STREET ADDRESS	<b>14112 8TH ST</b>	
CITY-ST-ZIP	<b>DADE CITY FL 33525</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WALSH, MARJORIE</b>	
STREET ADDRESS	<b>6221 LAND O' LAKES BLVD</b>	
CITY-ST-ZIP	<b>LAND O LAKES FL 34639</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALPINE, JOE</b>	
STREET ADDRESS	<b>5443 MAIN ST</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	

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	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kathy Dunkley</b>	
STREET ADDRESS	<b>6221 Land O'Lakes Blvd.</b>	
CITY-ST-ZIP	<b>Land O'Lakes, FL. 34639</b>	

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		

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: W. CLIFF MCDUFFIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 FEB 15 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FCI Number  
**attached****39-3646110  
APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

CR2E037 (10/00)