

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051222

1. Entity Name

PASCO CATTLE COMPANY

Principal Place of Business

16 TARPON DR.
TARPON SPRINGS FL 34689

Mailing Address

16 TARPON DR.
TARPON SPRINGS FL 34689

2. Principal Place of Business

1555 Eastlake Dr
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.
1555 Eastlake Dr

City & State

Tarpon Springs, FL

City & State

Tarpon Springs FL

Zip

34689

Country

USA

Zip

34689

Country

USA

6. Name and Address of Current Registered Agent

DEPORITOT, ALBERT R
16 TARPON DR.
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

D. Travis MacGregor

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

1555 Eastlake Dr.

City

Tarpon Springs

FL

Zip Code
34689

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

D. Travis MacGregor

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

(NOTE: Registered Agent signature required when reinstating)

4/27/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEPORITOT, ALBERT R	
STREET ADDRESS	16 TARPON DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CEDAN, TED	
STREET ADDRESS	2328 SAND BAY DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WOLF, DAN	
STREET ADDRESS	3684 QUAIL FOREST DR.	
CITY-ST-ZIP	TARPON SPRING FL 34689	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Travis MacGregor	
STREET ADDRESS	1555 Eastlake Dr.	
CITY-ST-ZIP	Tarpon Springs, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne Pearson	
STREET ADDRESS	1225 Sutherland Dr	
CITY-ST-ZIP	Palm Harbor 34683	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

D. Travis MacGregor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Travis MacGregor

Date

4/27/01

Daytime Phone #

727/934-1622

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90098 027 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)