

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**  
 02-12-2001 90002 026 \*\*\*150.00

**DOCUMENT # P98000082015**

1. Entity Name

**BACCA, STEPHENSON LAW GROUP, P.A.**

Principal Place of Business

**6315 ADAMS STREET  
 NEW PORT RICHEY FL 34652**

Mailing Address

**6315 ADAMS STREET  
 NEW PORT RICHEY FL 34652**

**813076**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**6406 Congress Street**

Suite, Apt. #, etc.

**6406 Congress Street**

City & State

**New Port Richey, FL**

City & State

**New Port Richey, FL**

4. FEI Number

**59-3534850**

Applied For

Not Applicable

Zip

**34653**

Country

**USA**

Zip

**34653**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**STEPHENSON, HENRY O  
 6315 ADAMS STREET  
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name

**Henry O. Stephenson**

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

**6406 Congress Street**

City

**New Port Richey**

**FL**

Zip Code

**34653**

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

**HENRY O. STEPHENSON**

**2-7-01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **STEPHENSON, HENRY O**  
 CITY-ST-ZIP **18037 EAGLE LANE  
 NEW PORT RICHEY FL 34652**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BACCA, JEFFREY A**  
 CITY-ST-ZIP **4950 BLUE HERON DRIVE  
 NEW PORT RICHEY FL 34652**

TITLE ☒ Change ☐ Addition  
 NAME **D.**  
 STREET ADDRESS **Bacca, Jeffrey A.**  
 CITY-ST-ZIP **7321 Otter Creek Dr.  
 New Port Richey, FL 34655**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jeffrey A. Bacca**

Date

**02/06/01 (727) 815-8888**

Daytime Phone #

CR2E034 (10/00)