2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

FILED DOCUMENT # P99000034733 Jan 20, 2000 8:00 am **Secretary of State** EAST PASCO PROPERTIES, INC. 01-20-2000 90119 024 ***150.00 Principal Place of Business Mailing Address 39140 11TH AVE. 39140 11TH AVE. ZEPHYRHILLS FL 33540-4456 ZEPHYRHILLS FL 33540 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 35 69 193 Applied For City & State City & State Not Applicable Country Zip •5. Certificate of Status Desired-- - - - □--7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HULBERT, MATTHEW P Street Address (P.O. Box Number is Not Acceptable) 39140 11TH AVE. ZEPHYRHILLS FL 33540 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition Change ☐ Delete TITLE MCGAVERN, WILLIAM E NAME NAME 39127 PRETTY POND RD. STREET ADDRESS STREET ADORESS CITY-ST-ZIP ZEPHYRHILLS FL 33540 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE HULBERT, MATTHEW P NAME NAME STREET ADDRESS 39140 11TH AVE. STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33540 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS 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