

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90279 047 ***150.00

DOCUMENT # P99000044021

1. Entity Name
EVERGREEN PASCO MANAGEMENT COMPANY



Principal Place of Business
944 39 TH AVENUE N
SAINT PETERSBURG FL 33703

Mailing Address
944 39 TH AVENUE N
SAINT PETERSBURG FL 33703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3582966**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LETTELLEIR, JOSEPH T
944 39TH AVENUE NORTH
SAINT PETERSBURG FL 33703

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. I am familiar with, and accept the obligations of registration.

SIGNATURE _____
Signature

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **LETTELLEIR, JOSEPH T**
STREET ADDRESS **944 39TH AVENUE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

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

TITLE **VP** ☐ Delete
NAME **BRODERICK, ROGER**
STREET ADDRESS **5514 PARK BLVD**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **ST** ☒ Change ☐ Addition
NAME **BRODERICK, ROGER**
STREET ADDRESS **5514 PARK BLVD**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **ST** ☐ Delete
NAME **SANTERE, BARRY**
STREET ADDRESS **12385 AUTOMOBILE BLVD**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **VP** ☒ Change ☐ Addition
NAME **RICHARD SANTERE**
STREET ADDRESS **PERSONAL REPRESENTATIVE OF ESTATE OF BARRY SANTERE**
CITY-ST-ZIP **500-52 AVE. S. STE 522, NAPLES FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/03 727-420-6119
Date Daytime Phone #

CR2E034 (10/02)