## 2000 UNIFORM BUSINESS REPORT (BR)

3/10/00-90031-027-\$150.00-\$150.00

DOCUMENT # P9900062493 1. Entity Name						FILED			
PASCO GRAND CORP.						00 MAR 27 PM 2: 11			
Principal Place of Business Mailing Address						SECRETARY OF STATE			
231 DOUGLAS ROAD. UNIT 1 OLDSMAR FL 34677		231 DOUGLAS ROAD. UNIT 1 OLDSMAR FL 34677-2943				SECRETARY OF STATE TABLEMAN ASSEE, FUORIDA			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. 1	FEI Number 59-35865/L	3 A	pplied For ot Applicable	]
Zip Country		Zip Co		Ntry	5. 0	5. Certificate of Status Desired S8.75 Additional Fee Required			
	8. Name and Address of Current R	egistered Agent				7. Name and Address of New Registered Agent			
				Name					
GASSMAN, ALAN S ESQ.				Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
•	s court street		<del></del> .				<u></u>		1
	ARWATER FL 35677	City					FL Zip Coo	le	1
8 The above	named entity submits this statement for t	the ouroose of changing its	register	ed office or i	registered ao	ent, or both, in the State of Florida.			1
<b>9.</b> 17.0 L0070	Harries of the same and the sam				- 3	, , , , , , , , , , , , , , , , , , , ,			
SIGNATURE.	Signature, typed or printed name of registered agent and	d title if applicable. (NOT	E: Registers	d Agent signetur	e required when re	enstating)	DATE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00					0	40 Floating Campaign Financin	o 65 (	M o.	]
Tax filing r	equirement and elects to do so.		After MAY 1, 2000 Fee will be \$550.00			<ol> <li>10. Election Campaign Financin Trust Fund Contribution.</li> </ol>		00 May Be d to Fees	
	ia on back)	Make Check Payat		epartment		DISTORDING TO DESCRIPTION	AND DIRECTOR	C IN 11	-
11.	OFFICERS AND D	<del></del>	12.		AU	DITIONS/CHANGES TO OFFICERS	Change	Addition	∮ <u>@</u>
TITLE NAME	ROEFARO, GENE	De ete	NAM				() Oranigo		CR2E034 (9/99)
STREET ADDRESS	231 DOUGLAS ROAD, UNIT 1		STA	EET AOORESS		•			8
CITY-ST-ZIP	OLDSMAR FL 34677		CITY	-ST-ZIP					12
TITLE	<u> </u>	Delete	TITL	1		\	Change	Addition	ြ
NAME STREET ADDRESS			MAN ISTR	EET ADORESS					
CITY-ST-ZIP		•		-ST-ZIP					
TITLE		☐ Delete	πı	E			Change	Addition	
NAME	· ·	1	NAM	1	-		-		1
STREET ADDRESS				ET ADDRESS					1
CITY-ST-ZIP		<u> </u>	חונ		-		Change	Addition	1
TITLE NAME		Delete	NAM	i					
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CITY-ST-ZIP			CITY	-ST-ZIP	<u> </u>				4
TITLE		☐ Delete	TITL	1			Change	☐ Addition	1
NAME CTRCET ADDRESS			NAM	ET ADDRESS					
STREET ADDRESS City-St-Zip		•	1	-ST-ZIP					}
TITLE	<del></del>	☐ Delete	TITL	E			Change	☐ Addition	
NAME	,		NAW	lE ·	į.			•	
STREET ADDRESS				EET ADDRESS	•	•	•	n 980	1
CITY-ST-ZIP	<u> </u>			-ST-ZIP		*40 OTONIA Florido Problem 17 of	or enrich, that the	Marmatian	1
<ol> <li>I hereby e indicated of the corphanged.</li> </ol>	certily that the Information supplied with to on this report or supplemental report is to poration or the receiver or trustee emper or on an attachment with an addyse, with	nis riling does not qualify to rue and accurate and that r vered to execute this report the all othersike emporiered	r the exe ny signa as requi	imption state ture shall ha ired by Char	ed in Section ive the same l oter 607, Flori	119.07(3)(i), Florida Statutes, Turm legal effect as if made under oath; t da Statutes; and that my name app	hat I am an office ears in Block 11 o	r or director or Block 12 If	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

3-6-01 813 854-4344

D<sub>e</sub>

Dave ma Phone 8