

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 17, 2000 8:00 am
Secretary of State

03-01-2000 90090 025 ****61.25

DOCUMENT # 711137

1. Entity Name

GREATER NEW PORT RICHEY CHAPTER OF THE AMERICAN

Principal Place of Business

Mailing Address

ASSBURY UNITED METHODIS
4204 THYS ROAD
NEW PORT RICHEY FL 34653
US

9831 ALVERNON DR
NEW PORT RICHEY FL 34655-1641
US

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

59-1874694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THEISS, BARBARA
9831 ALVERNON DR
NEW PORT RICHEY FL 34655

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	THEISS, BARBARA	9831 ALVERNON DR	NEW PORT RICHEY FL 34655	<input checked="" type="checkbox"/> Delete
				DECEASED
<input checked="" type="checkbox"/> Delete	COBB, SARAH	2515 RANCHSIDE TERR.	NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
				TREASURER
VP	SCHWEIGERTT, CLARENCE	7407 DONEGAL STREET	NEW PORT RICHEY FL	<input type="checkbox"/> Delete
				VICE PRESIDENT
<input checked="" type="checkbox"/> Delete	THEISS, RICHARD	9831 ALVERNON DR	NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
<input checked="" type="checkbox"/> Delete	HORNER, CHARLOTTE	5053 POSTELL DR	HOLIDAY FL 34690	<input type="checkbox"/> Delete
D	GRONOAHL, VERA	5030 SERENE SQUARE	NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	Louise F Damaso	5106 Mecadin Dr	New Port Richey Fla 34652	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Edward Gallagher	3720 Yellowbird Dr.	New Port Richey Fl 34652	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Andrew Gronoahl	5030 Serene Sq.	New Port Richey Fl 34652	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Enelyn Maurel	4401 Plaza Dr E #206	Holiday Fl 34691	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Jane Gallagher	3720 Yellowbird drive	New Port Richey Fl 34652	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Betty Damaso	5106 Mecadin Drive	New Port Richey Fl 34652	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

Daytime Phone #

Corrected & mailed in 3/25/2000

CR2E037 (9/99)