

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90023 046 \*\*\*\*61.25

**DOCUMENT # 729299**

1. Entity Name

HUNGARIAN SOCIAL CLUB, INC.



Principal Place of Business

7687 117TH ST. N.  
SEMINOLE FL 33772

Mailing Address

7687 117TH ST. N.  
SEMINOLE FL 33772

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2590536

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

BISCOTTO, ELIZABETH M  
7687 117TH ST. N.  
~~SEMINOLE~~  
SEMINOLE FL 33772

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 registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SOOS, IMRE  
STREET ADDRESS 9370 44TH ST. N.  
CITY-ST-ZIP PINELLAS PARK FL 33782

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

TITLE VD ☐ Delete  
NAME SZARAZ, TAMAS  
STREET ADDRESS 11300 124TH AVE. N #166  
CITY-ST-ZIP LARGO FL 33778

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

TITLE VD ☒ Delete  
NAME TOTH, SANDOR  
STREET ADDRESS 1378 MILTON ST.  
CITY-ST-ZIP CLEARWATER FL 33756

TITLE VD ☐ Change ☒ Addition  
NAME Fekete, Julius  
STREET ADDRESS 220 Belleair Blvd., #701  
CITY-ST-ZIP Belleair, FL 33756

TITLE TD ☐ Delete  
NAME BISCOTTO, ELIZABETH  
STREET ADDRESS 7687 117TH ST. N.  
CITY-ST-ZIP SEMINOLE FL 33772

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

TITLE SD ☒ Delete  
NAME GUGGENBERGER, GIBSON  
STREET ADDRESS 11720 PARK BLVD. #204C  
CITY-ST-ZIP SEMINOLE FL 33772

TITLE SD ☐ Change ☒ Addition  
NAME Borbas, Emese  
STREET ADDRESS 5537 Sea Forest Dr.  
CITY-ST-ZIP New Port Richey, FL 34652

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 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: *Elizabeth M. Biscotto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-04

727-392-5681

Date

Daytime Phone #