

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743530

1. Entity Name

CARDINAL MINDSZENTY SOCIETY OF FLORIDA, INC.

Principal Place of Business

546 RUTH STREET
PORT ORANGE FL 32127
US

Mailing Address

546 RUTH STREET
PORT ORANGE FL 32127-4361
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

NOT APPLICABLE

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

HORVATH, MICHAEL J DR.
546 RUTH ST
PORT ORANGE FL 32127

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 ANDREW BARDOS PD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/00

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 PD
NAME VARKONYI, ROBERT
STREET ADDRESS 715 ALBA DR.
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE VD
NAME PAZMADY-HORVATH, MARGARE
STREET ADDRESS 546 RUTH ST.
CITY-ST-ZIP PORT ORANGE FL

☐ Delete

TITLE SD
NAME HORVATH, MICHAEL J.
STREET ADDRESS 546 RUTH ST.
CITY-ST-ZIP PORT ORANGE FL

☐ Delete

TITLE TD
NAME GOMBOS, GEORGE
STREET ADDRESS 942 LANTERND
CITY-ST-ZIP S. DAYTONA FL 32119

☐ Delete

TITLE D
NAME KOPETTI, KALMAN
STREET ADDRESS 406 VENTURA DR.
CITY-ST-ZIP SANFORD FL

☐ Delete

TITLE D
NAME KOPETTI, ELIZABETH
STREET ADDRESS 406 VENTURA DR.
CITY-ST-ZIP SANFORD FL

☐ Delete

TITLE D. VARKONYI, Robert
NAME
STREET ADDRESS 715 ALBA DR.
CITY-ST-ZIP ORLANDO FL

☒ Change

☐ Addition

TITLE DPAPP SANDOR
NAME
STREET ADDRESS 4 Ocean West Blvd
CITY-ST-ZIP #2068 DAYTONA BEACH SHORES FL

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

ANDREW BARDOS PD 3/31/00 321 773 1408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE