

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756209

1. Entity Name

SLOVENE NATIONAL BENEFIT SOCIETY LODGE #778, INC

Principal Place of Business

Mailing Address

13383 COUNTYLINE RD
BROOKSVILLE FL 34609
US

P.O. BOX 5852
SPRING HILL FL 34611-5852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SOROS, ANNE
8642 WOODBRIDGE 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 PD ☐ Delete
NAME HARFMAN, WALTER
STREET ADDRESS 185 GARLAND CIR.
CITY-ST-ZIP PLAM HARBOR FL

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

TITLE SD ☐ Delete
NAME GOMBOOS, JOHN A
STREET ADDRESS 8642 WOODBRIDGE DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655

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

TITLE D ☐ Delete
NAME BOUMA, GRACE
STREET ADDRESS 6506 MAYHILL CT.
CITY-ST-ZIP SPRING HILL FL

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

TITLE DV ☒ Delete
NAME BOUMA, FRANK
STREET ADDRESS 6506 MAYHILL CT.
CITY-ST-ZIP SPRING HILL FL

TITLE ☒ Change ☐ Addition
NAME ANTHONY MARKEL
STREET ADDRESS 5516 PARADISE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE D ☐ Delete
NAME EDWARD THOMAS
STREET ADDRESS 12499 HARKER STREET
CITY-ST-ZIP BROOKSVILLE FL

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

TITLE TD ☐ Delete
NAME SOROS, ANNE
STREET ADDRESS 8642 WOODBRIDGE DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)