

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756209

1. Entity Name

SLOVENE NATIONAL BENEFIT SOCIETY LODGE #778, INC

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90114 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

13383 COUNTYLINE RD  
BROOKSVILLE FL 34609  
US

P.O. BOX 5852  
SPRING HILL FL 34611

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

~~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  
NAME KAUS, RICHARD  
STREET ADDRESS 390 JENICO CT  
CITY-ST-ZIP SPRING HILL FL 34609 ☐ Delete

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

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

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

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

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

TITLE DV  
NAME MARKEL, ANTHONY  
STREET ADDRESS 5516 PARADISE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653 ☐ Delete

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

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

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02 1-727-372-0509

CR2E037 (9/01)