

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761223

1. Entity Name

NEW PORT RICHEY ELKETTES, INC.

FILED
Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90169 021 ****61.25

Principal Place of Business

7201 CONGRESS STREET
P.O. BOX 492
NEW PORT RICHEY FL 34653-1835

Mailing Address

~~7201 CONGRESS STREET~~
P.O. BOX 492
NEW PORT RICHEY FL 34653-1835

AUG 10 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2152982

☒ 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

PELLOW, MONTINE
7319 BELLOWS FALLS LANE
BAYONET POINT FL 34667

7. Name and Address of New Registered Agent

Name KUDLA, JOANNA
Street Address (P.O. Box Number is Not Acceptable)
3631 LINKWOOD ST.
New Pt. Richey, FL 34652
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

Kudla, JOANNA M. Joanna Kudla 6-10-01
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, ELIZABETH	
STREET ADDRESS	7848 DUNDEE DR	
CITY-ST-ZIP	NEW PT RICHEY FL 34653	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, CORNFE	
STREET ADDRESS	5105 VICTORIA LN	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MARGARET	
STREET ADDRESS	9006 MARK TWAIN LN	
CITY-ST-ZIP	N P RICHEY FL 34668	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, JEANNE L	
STREET ADDRESS	7341 INGLESIDE DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, LAURIE	
STREET ADDRESS	7421 SANDALWOOD DR.	
CITY-ST-ZIP	PT RICHEY, FL 34668	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, MARGARET	
STREET ADDRESS	5548 BLUE HARBOR DR.	
CITY-ST-ZIP	NEW PT. RICHEY, FL 34653	
TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, BETTY	
STREET ADDRESS	7848 DUNDEE DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUDLA, JOANNA	
STREET ADDRESS	3631 LINKWOOD ST.	
CITY-ST-ZIP	NEW PT. Richey, FL 34652	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Kudla, JOANNA M. Joanna Kudla 6-10-01 (727) 841-0768