

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91198 033 \*\*\*\*61.25

**DOCUMENT # 761223**

1. Entity Name

**NEW PORT RICHEY ELKETTES, INC.**

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**

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

**59-2152982**

☒ 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

**KUDLA  
KUDLA, JOANNA  
3631 LINKWOOD ST  
INVERNESS FL 34452**

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 CRAIG, LAURIE ☐ Delete  
STREET ADDRESS 7421 SANDALWOOD DRIVE  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VPD ☒ Change ☐ Addition  
NAME CRAIG, LAURIE  
STREET ADDRESS 7421 SANDALWOOD DR.  
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE VPD  
NAME ALEXANDER, MARGARET ☐ Delete  
STREET ADDRESS 5548 BLUE HARBOR DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE PD ☒ Change ☐ Addition  
NAME ALEXANDER, MARGARET  
STREET ADDRESS 5548 BLUE HARBOR DR  
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE S  
NAME ALLEN, BETTY ☐ Delete  
STREET ADDRESS 7848 DUNDEE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE T  
NAME KUDLA, JOANNA ☐ Delete  
STREET ADDRESS 3631 LINKWOOD ST  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 the empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02

Date

(727) 841-0708

Daytime Phone #

CR2E037 (9/01)