

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 16, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90140 035 \*\*\*\*61.25

0093648

**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

**7201 CONGRESS ST**

Suite, Apt. #, etc.

**BOX 67**

City & State

**NEW PORT RICHEY FLA**

Zip

**34656 0067**

Country

3. Mailing Address

**7201 CONGRESS ST**

Suite, Apt. #, etc.

**BOX 67**

City & State

**NEW PORT RICHEY FLA**

Zip

**34656-0067**

Country



☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name **DOROTHY BUSHONG**

Street Address (P.O. Box Number is Not Acceptable)

**9809 CONSERVATION DR**

City

**NEW PORT RICHEY**

FL

Zip Code

**34655**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Dorothy Bushong*

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

(NOTE: Registered Agent signature required when reinstating)

**4/15/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Change ☐ Addition  
NAME **KUDLA, JOANNE**  
STREET ADDRESS **3631 LINKWOOD ST**  
CITY-ST-ZIP **NEWPORT RICHEY, FLA 34652**

TITLE **PD** ☒ Change ☐ Addition  
NAME **MONTINE WHITEHEAD**  
STREET ADDRESS **7319 BELLHILLS FALLS LN.**  
CITY-ST-ZIP **BAYONET POINT, FL. 34667**

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

TITLE **T** ☒ Change ☐ Addition  
NAME **DOROTHY BUSHONG**  
STREET ADDRESS **9809 CONSERVATION DR.**  
CITY-ST-ZIP **NEW PORT RICHEY, FLA 34655**

TITLE ☐ Change ☐ Addition  
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 like empowered.

SIGNATURE:

*Dorothy Bushong*

**DOROTHY BUSHONG**

**4-15-03**

CR2E037 (10/02)