2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **761768** May 11, 2000 8:00 am 1. Entity Name Secretary of State WEST PASCO REPUBLICAN CLUB, INC. 05-11-2000 90297 043 ****61.25 Principal Place of Business Mailing Address 3637 PLAYER DR. 3637 PLAYER DR NEW PT. RICHEY FL 34655-2015 NEW PT. RICHEY FL 34655-9015 3. Mailing Address 2. Principal Place of Business 12609 Fourth Isle 12609 Fourth Isle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Hudson, Florida <u>Hudson. Florida</u> Applied For 4. FEI Number City & State City & State 59-2414722 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 34667 34667 Pasco Pasco 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) QUINN, ROLAND J 7009 MELROSE CT **PORT RICHEY FL 34668** 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. **元的《集制报》**选 MYCH State SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. XX Change ☐ Addition TITLE ☐ Delete TITLE Senior VP NAME NAME QUINN, ROLAND J STREET ADDRESS STREET ADDRESS 7009 MELROSE CT CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL xx Change ☐ Addition PD ☐ Delete TITLE First Vice Pres. NAME LUCAS, JEFFREY NAME Lucas, Jeffrey STREET ADDRESS STREET ADDRESS 11441-PINE FOREST DR 6602 River Rd. New Port Richey, FL 34652 CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL ★K Change ☐ Addition TITLE ☐ Delete TITLE President NAME COLLINS, ED NAME Collins, Ed 5320 Little Rd.#117 STREET ADDRESS P O BOX 978 N/A STREET ADDRESS New Port Richey, FL 34655 CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL XX Change XX Addition TITLE TITLE Delete Treasurer NAME SANFILIPPO, CONCETTA V. NAME McAlarney, Henry STREET ADDRESS STREET ADDRESS 3637 PLAYER DR. 12609 Fourth Isle CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL Hudson, FL 34667 TITLE ☐ Change ☐ Addition TITLE Delete BRANDER, SEERIE NAME NAME STREET ADDRESS STREET ADDRESS 6925 OELSNER CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY.FL 00000** SD . XX Change ☐ Addition ☐ Delete TITLE TITLE Kavli, Ruth J. 13941 Talmage Loop Kavli, Ruth J NAME NAME STREET ADDRESS STREET ADDRESS 12401 SMOKEY DR Hudson, FL 34667 CITY-ST-ZIP CITY-ST-7IP **HUDSON FL** 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.

JRE: Concetta V. Sanfilippo

JRE: April 29, 2000

SIGNATURE AD TYPED OR PROTED NAMED SIGNATURE OR DIRECTOR

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