

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761768

1. Entity Name

WEST PASCO REPUBLICAN CLUB, INC.

Principal Place of Business

12609 FOURTH ISLE
HUDSON FL 34667

Mailing Address

12609 FOURTH ISLE
HUDSON FL 34667

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

QUINN, ROLAND J
7009 MELROSE CT
PORT RICHEY FL 34668

COLLINS, ED

5320 LITTLE RD #117
TRINITY, FL. 34655

7. Name and Address of New Registered Agent

Name: ED: COLLINS

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

5320 LITTLE RD. # 117

City: TRINITY

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.

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

TITLE VD
NAME QUINN, ROLAND J
STREET ADDRESS 7009 MELROSE CT
CITY-ST-ZIP PORT RICHEY FL ☐ Delete

TITLE PD
NAME LUCAS, JEFFREY
STREET ADDRESS 11441 PINE FOREST DR
CITY-ST-ZIP NEW PORT RICHEY FL ☒ Delete

TITLE VD
NAME COLLINS, ED
STREET ADDRESS P O BOX 978 N/A
CITY-ST-ZIP PORT RICHEY FL ☒ Delete

TITLE TD
NAME SANFILIPPO, CONCETTA V.
STREET ADDRESS 3637 PLAYER DR.
CITY-ST-ZIP NEW PORT RICHEY FL ☒ Delete

TITLE D
NAME BRANDER, SEERIE
STREET ADDRESS 6925 OELSNER
CITY-ST-ZIP NEW PORT RICHEY, FL 00000 ☒ Delete

TITLE SD
NAME KAVLI, RUTH J
STREET ADDRESS 12401 SMOKEY DR
CITY-ST-ZIP HUDSON FL ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD
NAME LUCAS JEFFREY
STREET ADDRESS 6602 RIVER ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☒ Change ☐ Addition

TITLE PD
NAME COLLINS ED
STREET ADDRESS 5320 LITTLE RD.
CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☒ Change ☐ Addition

TITLE TD
NAME HENRY A McALARNEY
STREET ADDRESS 12609 FOURTH ISLE
CITY-ST-ZIP HUDSON, FL 34667 ☒ Change ☐ Addition

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

TITLE SD
NAME JEANETTE VANDUSEN
STREET ADDRESS 4703 CROTON DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ☒ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY P. McALARNEY 01-08-01 727-8638524

Date

Daytime Phone #

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90010 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)