## 2002 UNIFORM BUSINESS REPORT (UBR) FILED Jul 23, 2002 8:00 am **DOCUMENT # 761768** Secrétary of State 1. Entity Name 07-23-2002 90322 034 \*\*\*\*70.00 WEST PASCO REPUBLICAN CLUB, INC. Principal Place of Business Mailing Address 12609 FOURTH ISLE 12609 FOURTH ISLE HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2414722 Not Applicable Zip 🛩 Country Zip Country \$8.75 Additional Certificate of Status Desired - 15 Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEFF LUCAS Street Address (P.O. Box Number is Not Acceptable) COLLINS, ED 5320 LITTLE RD #117 TRINITY FL 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 (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be min. will be \$236.25. Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President VD TITLE ☐ Delete TITLE Addition QUINN, ROLAND J JEHF LUCAS NAME NAME STREET ADDRESS 7009 MELROSE CT STREET ADDRESS 7136 Little Rd CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL TITLE Delete ☐ Change Addition LUCAS, JEFFREY STREET ADDRESS 6602 RIVER RD STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition COLLINS, ED NAMÉ NAME STREET ADDRESS 5320 LITTLE RD STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34655** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME MCALARNEY, HENRY P NAME STREET ADDRESS 12609 FOURTH ISLE STREET ADDRESS CITY-ST-ZIP **HUDSON FL 34667** CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition VANBUSEN, JEANETTE NAME NAME 4703 CROTON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

January Williams

07210-02