

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90003 020 ****61.25

DOCUMENT # 762316

1. Entity Name

A CLUB OF PASCO COUNTY, INC.

Principal Place of Business

**5650 MISSOURI AVENUE
 NEW PORT RICHEY FL 34652-2640**

Mailing Address

**PO BOX 520
 NEW PROT RICHEY FL 34652-2640
 US**

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

59-2105549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SUSHKO, RANDOLPH
 1429 LAHARA WAY
 NEW PORT RICHEY FL 34655**

7. Name and Address of New Registered Agent

Name

Vozda, Michael

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

6021 Antrim Street

City

new Port Richey

FL

Zip Code

34653

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 **D** ☐ Delete
 NAME **FEAGLES, CHRISTOPHER**
 STREET ADDRESS **5853 GEORGIA AVE**
 CITY-ST-ZIP **NEW PT. RICHEY FL 34652**

TITLE **S** ☐ Delete
 NAME **BELL, KAREN**
 STREET ADDRESS **6912 PIN CHERRY LN**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **PD** ☐ Delete
 NAME **FEAGLES, HELEN**
 STREET ADDRESS **5853 GEORGIA AVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **V** ☐ Delete
 NAME **BELL, LARRY**
 STREET ADDRESS **6912 PIN CHERRY LN**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **TD** ☐ Delete
 NAME **VOZDA, MICHAEL**
 STREET ADDRESS **6021 ANTRIM STREET**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☐ Delete
 NAME **PUDERBOUGH, DIANE**
 STREET ADDRESS **6505 MONTANA AVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **Cookney, John**
 STREET ADDRESS **7137 Oakley Ave**
 CITY-ST-ZIP **Hudson Fl. 34667**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02 846-0028

Date

Daytime Phone #

CR2E037 (9/01)