

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90004 022 \*\*\*\*61.25

**DOCUMENT # N01000000359**

1. Entity Name

**KALOGIANIS FOR CONGRESS, INC.**

Principal Place of Business

**4821 US HWY 19 STE 3  
NEW PORT RICHEY FL 34652**

Mailing Address

**4821 US HWY 19 STE 3  
NEW PORT RICHEY FL 34652**

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

**59-3709415**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**KALOGIANIS, CHUCK  
4821 US HWY 19 STE 3  
NEW PORT RICHEY FL 34652**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
min. will be \$236.25.**

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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD KALOGIANIS, CHUCK 4752 CRESTKNOLL LN NEW PORT RICHEY FL 34653</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD KALOGIANIS, KATHY 4752 CRESTKNOLL LN NEW PORT RICHEY FL 34653</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KALOGIANIS, NICHOLAS 5939 MOCKINGBIRD DR NEW PORT RICHEY FL 34652</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KALOGIANIS, Chuck</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KALOGIANIS, KATHY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER PATRICIA JONES 4741 U.S. 19 Community PLAZA NEW PORT RICHEY FL 34652</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

**7-29-02 727.817-0950**

CR2E037 (4/02)