2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO100000359 1. Entity Name KALOGIANIS FOR CONGRESS, INC.

Principal Place of Business

Mailing Address

4821 US HWY 19 STE 3 NEW PORT RICHEY FL 34652 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 | | | | |
| 6 | . Name and Address of Cu | rrent Registered Agent | | | | | |

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

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



DO NOT WRITE IN THIS SPACE

Applied For

4. FEI Number

| | | 1 | | | 59-37/19415 | | | Not Applicable | | | | |
|--|---|------------------------------------|---|--|---------------------------|---|--|-----------------|-----------------------|--------------|-------------------|------------|
| Zip | | Country | Zip | Zip Country | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| | | | | Nam | Name | | | | | | | |
| KALOGIANIS, CHUCK | | | Stree | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| 4821 US HWY 19 STE 3 NEW PORT RICHEY FL 34652 | | | | | | · · | | | | | 1 | |
| | | | | | City | FL = 5 0000 | | | | | | |
| 8. The above the obligat | 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. | | | | | | | | | | | |
| 0.0 | | | | | | | | | | | | |
| SIGNATURE | | printed name of registered agent a | and title if applic | cable. (NOTE: | Registered Agent siç | nature require | ed when reinstating) | | DATE | | | |
| di Attan Cantambari 10, 2000 | | | | | oion Financia | | | | | | | 1 |
| 4 After September 13, 2002, min. will be \$236.25. | | | 9. Election Campaign Financing Trust Fund Contribution. | | | \$5.00 May Be Added to Fees | | | Payable t of State | | | |
| 10. | | OFFICERS AND DIF | RECTORS | | 11. | | ADDITIONS/CHAN | GES TO OFFICER | S AND DID | ECTORS IN | 110 | 4 |
| TITLE | CD (| | | ☐ Delete | TITLE | | ADDITIONS/OFIAN | GLS TO OFFICER. | | Change | □ Addition | 16 |
| NAME | KALOGIANS | (à , chuck | | □ Delete | NAME | 1 | 11 A C TO A 1 I C | Church | | Unange | L_I Addition | 15 |
| STREET ADDRESS | 4752 CREST | | | | STREET ADDRES | s '\# | LOGIANIS | 5 Chock | - | | | |
| CITY-ST-ZIP | | RICHEY FL 34653 | | | CITY-ST-ZIP | | | | | | | 18 |
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| NAME | KALOGIANIS | ÆLÌ. KATHY | | L Delete | NAME | KA | LOGIAN | IS WAT | | Change | L Hodillon | ۱۲ |
| STREET ADDRESS | 4752 CREST | | | | STREET ADDRES | s '``' | LUGITIO | ודארו כייו | нА | | | - |
| CITY-ST-ZIP | | RICHEY FL 34653 | | | CITY-ST-ZIP | ٦ | | | | | | |
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| NAME | KALOGIANIS | , NICHOLAS | | LL DOIGE | NAME | i | | | | Change | Addition | 1 |
| STREET ADDRESS | 5939 MOCKI | | | | STREET ADDRES | s | | | | | | |
| CITY-ST-ZIP | NEW PORT | RICHEY FL 34652 | | | CITY-ST-ZIP | . سدا | | | | | | |
| TITLE | | | | ☐ Delete | TITLE | PA | FASURER TRICIA | Jone's | | ☐ Change | ☐ X dition | 1 |
| NAME STREET ADDRESS | Í | | | | NAME | | | | | J . | 01.45 | |
| CITY-ST-ZIP | | | | | STREET ADDRES CITY-ST-ZIP | \$ * / . | 41 U.S. | in Cor | nmoi | DITY | PLA ZA | |
| | | | | | | 116 | EW PORT | KICHE | zy F | <u>-C 34</u> | 65 L | 1 |
| TITLE NAME | | | | ☐ Delete | TITLE | | | | ′ | Change | Addition | |
| STREET ADDRESS | | | - | | NAME STREET ADDRESS | , | | | | | | |
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| OTT - UT - ZIF | | | | \ | CITY-ST-ZIP | 1 | | | | | | 1 |

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 fustee 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED

☐ Delete

7-89-02 127.817-0950

☐ Change

Addition