

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90130 005 \*\*\*\*61.25

**DOCUMENT # N02000004378**

1. Entity Name

**ENCYCLIA ENTHUSIASTS, INC.**



Principal Place of Business  
**2748 SANTA BARBARA BLVD.  
#7  
NAPLES FL 34116**

Mailing Address  
**2748 SANTA BARBARA BLVD.  
#7  
NAPLES FL 34116**

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

**01-0716444**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CHIPKA, STEWART A  
2748 SANTA BARBARA BLVD.  
#7  
NAPLES FL 34116**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **CHIPKA, STEWART A**  
STREET ADDRESS **2748 SANTA BARBARA BLVD #7**  
CITY-ST-ZIP **NAPLES FL 34116** **D**

TITLE **VP1** ☐ Delete  
NAME **UNGER, RICHARD**  
STREET ADDRESS **3450 N. KILBOURN**  
CITY-ST-ZIP **CHICAGO IL 60641** **D**

TITLE **VP2** ☐ Delete  
NAME **WATSON, CAROL J**  
STREET ADDRESS **1450 CHALET PL**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **VP3** ☐ Delete  
NAME **WOLFE, REBECCA**  
STREET ADDRESS **173 S. HAMPTON DR.**  
CITY-ST-ZIP **JUPITER FL 33458** **D**

TITLE **SEC** ☐ Delete  
NAME **LOPATIN, ISABEL**  
STREET ADDRESS **13 PINE ST**  
CITY-ST-ZIP **COLD SPRING NY 10516** **D**

TITLE **TRES** ☐ Delete  
NAME **LOPATIN, ISABEL**  
STREET ADDRESS **13 PINE ST**  
CITY-ST-ZIP **COLD SPRING NY 10516** **D**

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  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Stewart A. Chipka*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/2003**  
Date

**239-261-4567**  
Daytime Phone #

CR2037 (10/02)