

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08346

1. Entity Name

PORT RICHEY ORGAN SOCIETY, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90041 013 ****70.00

Principal Place of Business

C/O EDMUND KUNZMAN
P.O. BOX 254
PORT RICHEY FL 34673-0254

Mailing Address

P.R.O.S.
P.O. BOX 254
PORT RICHEY FL 34673-0254

00028789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O WINNIE HERWECK

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2603062

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUNZMAN, EDMUND C
3705 COCKATOO DRIVE
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name WINNIE HERWECK

Street Address (P.O. Box Number is Not Acceptable) 8548 CAITLIN CT.

City HUDSON

FL

Zip 34667

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 *Winnie Herweck* WINNIE HERWECK PRES. 3/3/01
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	<input type="checkbox"/> Delete
NAME	ECKMAN, CHARLEEN	
STREET ADDRESS	8101 BROWN PELICAN AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERWECK, ARTHUR	
STREET ADDRESS	8548 CAITLIN COURT	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIENLE, LOUISE	
STREET ADDRESS	11928 CARISSA	
CITY-ST-ZIP	NEWPORT RICHEY FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KUNZMAN, ED	
STREET ADDRESS	3705 COCKATOO DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KRAMER, DORIS	
STREET ADDRESS	7201 MAPLEHURST	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHILDS, JUNE, L	
STREET ADDRESS	14438 SIREN LANE	
CITY-ST-ZIP	HUDSON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIENLE, LOUISE	
STREET ADDRESS	11928 CARISSA	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERWECK, WINNIE	
STREET ADDRESS	8548 CAITLIN CT.	
CITY-ST-ZIP	HUDSON, FL. 34667	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL. 34668	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNUDSEN, BERNARD	
STREET ADDRESS	7802 CAYUGA DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	

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 *Bernard Knudsen* BERNARD KNUDSEN TREAS.

727 846 1416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/3/01 Daytime Phone #

CR2E037 (10/00)

Attachment
#NO8346
D0028789

2001 Uniform Business Report (UBR)

Document # NO8346

Port Richey Organ Society Inc.

11. Additions to Directors (continued)

TITLE	D
NAME	FOTHERBY, HENRIETTA
STREET ADDRESS	4630 PORTLAND MANOR DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL. 34665

☒ ADDITION

TITLE	D
NAME	KNUDSEN, JEAN
STREET ADDRESS	7802 CAYUGA DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL. 34653

☒ ADDITION