

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

0068604

DOCUMENT # N08346

1. Entity Name

PORT RICHEY ORGAN SOCIETY, INC.

02-20-2002 90063 002 ****61.25

Principal Place of Business

Mailing Address

C/O WINNIE HERWECK
8548 CAITLIN CT
HUDSON FL 34667

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PROS - TREASURER

7802 CAYUGA DR

NEW PORT RICHEY, FL

34653

USA



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

HERWECK, WINNIE
8548 CAITLIN CT
HUDSON FL 34667

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ECKMAN, CHARLEEN
8101 BROWN PELICAN AVENUE
NEW PORT RICHEY FL 34653 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LACAGNINA, SAL
9950 HILLTOP DR
NEW PORT RICHEY, FL 34654 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERWECK, ARTHUR
8548 CAITLIN COURT
HUDSON FL 34667 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KIENLE, LOUISE
11928 CARISSA
NEW PORT RICHEY FL 34654 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FOTHERAY, HENRIETTA
4630 PORTLAND MANOR DR
NEW PORT RICHEY FL 34654 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HERWECK, WINNIE
8548 CAITLIN CT
HUDSON FL 34667 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KRAMER, DORIS
7201 MAPLEHURST
PORT RICHEY FL 34668 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
KNUDSEN, BERNARD
7802 CAYUGA DR
NEW PORT RICHEY FL 34653 ☐ Delete

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

Bernard Knudsen
TREAS

2/2/02 727 846 1416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)