

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38039

1. Entity Name

NEW PORT RICHEY COLUMBIAN CLUB, INC.

Principal Place of Business

Mailing Address

C/O FRANK R KLAUSCH
5246 ALLAMANDA DRIVE
NEW PORT RICHEY FL 34652

C/O FRANK R KLAUSCH
5246 ALLAMANDA DRIVE
NEW PORT RICHEY FL 34652-4202

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

65-0227316

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

KLAUSCH, FRANK R
5407 PALMETTO RD
N PORT RICHEY FL 34652

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.

Frank R. Klausch
SIGNATURE

Frank Klausch Pres.

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

(NOTE: Registered Agent signature required when reinstating)

2-7-2000

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	PD	<input type="checkbox"/> Delete
NAME	FRANK R KLAUSCH	
STREET ADDRESS	5407 PALMETTO RD	
CITY-ST-ZIP	N PORT RICHEY FL 34652	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENAGA, WILLIAM	
STREET ADDRESS	5304 DRIFT TIDE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOMASKO, VINCENT G	
STREET ADDRESS	4444 SAWGRASS BLVD	
CITY-ST-ZIP	N PORT RICHEY FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ZACHERL, CLAIR	
STREET ADDRESS	5912 ILLINOIS AVE	
CITY-ST-ZIP	N PORT RICHEY FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DICICCO, ALPHONSUS	
STREET ADDRESS	4914 DUNNEY LANE	
CITY-ST-ZIP	N PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change
NAME	Clain Zacherl	
STREET ADDRESS	5912 Ill. Ave.,	
CITY-ST-ZIP	N. Port Richey, FL 34652	
TITLE	T	<input type="checkbox"/> Change
NAME	John Fields	
STREET ADDRESS	7331 Carlton Arms	
CITY-ST-ZIP	N. Port Richey, FL 34653	
TITLE	D	<input type="checkbox"/> Change
NAME	Raymond DuBois	
STREET ADDRESS	5420 Westshore Dr.,	
CITY-ST-ZIP	N. Port Richey, FL 34652	
TITLE		<input type="checkbox"/> Change
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Clain Zacherl

2-7-2000

727-849-8897

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90020 047 ****61.25



DO NOT WRITE IN THIS SPACE