

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90024 008 ****61.25

DOCUMENT # N38039

1. Entity Name

NEW PORT RICHEY COLUMBIAN CLUB, INC.

Principal Place of Business

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

Mailing Address

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

910500



2. Principal Place of Business

5246 Allamanda Dr.,

Suite, Apt. #, etc.

N. Port Richey, FL

City & State

3. Mailing Address

5246 Allamanda Dr.,

Suite, Apt. #, etc.

N. Port Richey, FL

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0227316

Applied For

Not Applicable

Zip

34652

Country

USA

Zip

34652

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

C/O Peter Lopaska

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

5246 Allamanda Dr.

City

N. Port Richey

FL

Zip Code

34652

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

Peter Lopaska

1-20-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD Peter Lopaska	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	7625 Deenfoot Dr., N. Port Richey, FL 34653	
TITLE NAME	VD Joseph Bellanger	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6709 Ranchwood Ct. N. Port Richey, FL 34652	
TITLE NAME	D Robert Klausch	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	9470 Sacramento Dr., N. Port Richey, FL 34655	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Clair Zacherl

1-20-01

727-849-8897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)