

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90091 038 ****61.25

DOCUMENT # N38039

1. Entity Name

NEW PORT RICHEY COLUMBIAN CLUB, INC.

Principal Place of Business

Mailing Address

5246 ALLAMANDA DR.
 NEW PORT RICHEY FL 34652

5246 ALLAMANDA DR.
 NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

same as above

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Port Richey, FL

City & State

N. Port Richey, FL

4. FEI Number

65-0227316

Not Applicable

Zip

34652

Country

Pasco

Zip

34652

Country

Pasco

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

% LOPASKA PETER
5246 ALLAMANDA DR.
N PORT RICHEY FL 34652

Name

same as No. 6

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 *Peter Lopaska*



1-12-02

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	PD	<input type="checkbox"/> Delete
NAME	LOPASKA, PETER	
STREET ADDRESS	7625 DEERFOOT DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELLANGER, JOSEPH	
STREET ADDRESS	6709 RANCHWOOD CT-	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOMASKO, VINCENT G	
STREET ADDRESS	1111 SAWGRASS BLVD <i>10852 Brookhaven Dr</i>	
CITY-ST-ZIP	N PORT RICHEY FL <i>34654</i>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZACHERL, CLAIR	
STREET ADDRESS	5912 ILLINOIS AVE	
CITY-ST-ZIP	N PORT RICHEY FL <i>34652</i>	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLAUSCH, ROBERT	
STREET ADDRESS	9470 SACRAMENTO DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE: *Peter Lopaska*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-02 *727 376-0979*
 Date Daytime Phone #

CR2E037 (9/01)