

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002012

1. Entity Name

NEW PORT RICHEY AREA STAMP CLUB, INC.

Principal Place of Business

Mailing Address

C/O ELFERS SENIOR CENTER  
3146 BARKER-GREY STREET  
ELFERS FL 34690-0984

P.O. BOX 684  
NEW PORT RICHEY FL 34656-0684

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

59-3202750

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

FODOR, CAMILLE  
4229 BELLE ISLE CT.  
NEW PORT RICHEY FL 34653

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 Camille Fodor TREASURER

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 VP  
NAME AGAR, DAVID ☐ Delete  
STREET ADDRESS 1356 GILES AVE  
CITY-ST-ZIP SPRING HILL FL 34608

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME JAMES KALATHUS  
STREET ADDRESS 2618 TEMPLEWOOD DRIVE  
CITY-ST-ZIP HOLIDAY FL 34690

TITLE P  
NAME MCEVOY, WILBUR ☐ Delete  
STREET ADDRESS 7632 PARKWAY BLVD #169  
CITY-ST-ZIP HUDSON FL 34667

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

TITLE D  
NAME ROGG, SHELDON ☐ Delete  
STREET ADDRESS P O BOX 1076  
CITY-ST-ZIP PORT RICHEY FL 34673

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

TITLE S  
NAME TUROS, CAROLE ☐ Delete  
STREET ADDRESS 11128 ISLAND PINE DR.  
CITY-ST-ZIP PORT RICHEY FL 34688

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

TITLE T  
NAME FODOR, CAMILLE ☐ Delete  
STREET ADDRESS 4229 BELLE ISLE COURT  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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

TITLE D  
NAME SPOERL, JACK ☐ Delete  
STREET ADDRESS 5908 WEST LAKE DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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: Camille Fodor TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-2002 727-847-4118

Date Daytime Phone #

CR2E037 (9/01)

FILED  
Mar 07, 2002 8:00 am  
Secretary of State

03-07-2002 90057 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE