

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90162 027 ****61.25

DOCUMENT # N93000002012

1. Entity Name

NEW PORT RICHEY AREA STAMP CLUB, INC.



Principal Place of Business

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

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	KALATHUS, JAMES	
STREET ADDRESS	2618 TEMPLEWOOD DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34690	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCEVOY, WILBUR	
STREET ADDRESS	7632 PARKWAY BLVD #169	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGG, SHELDON	
STREET ADDRESS	P O BOX 1076	
CITY-ST-ZIP	PORT RICHEY FL 34673	
TITLE	S	<input type="checkbox"/> Delete
NAME	TUROS, CAROLE	
STREET ADDRESS	11128 ISLAND PINE DR.	
CITY-ST-ZIP	PORT RICHEY FL 34688	
TITLE	T	<input type="checkbox"/> Delete
NAME	FODOR, CAMILLE	
STREET ADDRESS	4229 BELLE ISLE COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPOERL, JACK	
STREET ADDRESS	5908 WEST LAKE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EO CILSICK	
STREET ADDRESS	6421 MEADOWBROOK LA.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

JAN 20 2003 727-847-4118

CR2E037 (10/02)