

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002328

1. Entity Name

THE NEW JERSEY CLUB OF SPRING HILL, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90017 010 ****61.25

Principal Place of Business

Mailing Address

5233 HAMLET CIR.
SPRING HILL FL 34606

5233 HAMLET CIR.
SPRING HILL FL 34606-5362

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

KOCSIS, ROBERT S
5233 HAMLET CIR.
SPRING HILL FL 34606

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

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	P	<input type="checkbox"/> Delete
NAME	KOCSIS, ROBERT S	
STREET ADDRESS	1052 BARLOW CT	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TELESCU, JOE	
STREET ADDRESS	14205 OAK KNOLL ST.	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARTIROMO, WARREN	
STREET ADDRESS	4665 KIRKLAND AVE.	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIRIANNI, FRANK	
STREET ADDRESS	4178 RAMONA DR.	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZITO, LOU	
STREET ADDRESS	11352 BLYTHVILLE RD.	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT S. KOCSIS	
STREET ADDRESS	5233 HAMLET CIR.	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY GUSKE	
STREET ADDRESS	446 FLORIAN WAY	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELEANOR BAUMGARTNER	
STREET ADDRESS	9675 CENTURY DR.	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE BARRON	
STREET ADDRESS	10465 VENTURA DR.	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK PERANIO	
STREET ADDRESS	7213 ALOE DR	
CITY-ST-ZIP	SPRING HILL, FL 34607	
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: *X SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)