

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2002 8:00 am**
Secretary of State

02-13-2002 90247 028 ****61.25

DOCUMENT # N99000006965

1. Entity Name

KREWE OF CHASCO, INC.

Principal Place of Business

**5443 MAIN ST
NEW PORT RICHEY FL 34652**

Mailing Address

**5443 MAIN ST
NEW PORT RICHEY FL 34652**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3621084Applied 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****TORRENCE, ALFRED W JR
6445 RIDGE RD
PORT RICHEY FL 34668****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.

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 \$61.259. 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 **PD** ☐ Delete
NAME **MICHEL, ROGER**
STREET ADDRESS **5130 SR 54**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**TITLE **PD** ☐ Delete
NAME **KINKEAD, LAURA A**
STREET ADDRESS **6232 MADISON ST**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**TITLE **VD** ☐ Delete
NAME **HOLLWEG, CHUCK**
STREET ADDRESS **1408 FLOTILLA DR**
CITY-ST-ZIP **TARPO SPRINGS FL 34689**TITLE **VD** ☒ Delete
NAME **ADDINO, ANN**
STREET ADDRESS **5946 MISSOURI AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**TITLE **SD** ☐ Delete
NAME **BRENNER, WENDY**
STREET ADDRESS **5443 MAIN ST**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**TITLE **TD** ☐ Delete
NAME **PAGANO, MARGIE**
STREET ADDRESS **10523 U.S. HWY 19 N**
CITY-ST-ZIP **PORT RICHEY FL 34668****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Change ☐ Addition
NAME **KINKEAD, LAURA A**
STREET ADDRESS **6232 MADISON ST**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Change ☒ Addition
NAME **TED THOMAS**
STREET ADDRESS **6035 GRAND BLVD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Roger E. Michels* **Roger E. Michels** 2/15/02 727-845-1957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)