

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90387 003 *****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**

22000018



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3621084**

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

**TORRENCE, ALFRED W JR
6445 RIDGE RD
PORT RICHEY FL 34668**

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 **PD** ☐ Delete
NAME **MICHELS, ROGER**
STREET ADDRESS **5130 SR 54**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE **D** ☐ Delete
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-ZIP

TITLE **VD** ☐ Delete
NAME **HOLLWEG, CHUCK** *6750 CORONET DR*
STREET ADDRESS **1408 FLOTILLA DR -** *34655*
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☒ Change ☐ Addition
NAME **HOLLWEG, CHUCK**
STREET ADDRESS **6750 CORONET DR, NEW PORT RICHEY FL 34655**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **THOMAS, TED**
STREET ADDRESS **6035 GRAND BLVD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE **SD** ☐ Delete
NAME **BRENNER, WENDY**
STREET ADDRESS **5443 MAIN ST**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

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

TITLE **TD** ☒ Delete
NAME **PAGANO, MARGIE**
STREET ADDRESS **10523 U.S. HWY 19 N**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☒ Change ☐ Addition
NAME **TD ELIZABETH J. McCART**
STREET ADDRESS **14309 Guava St**
CITY-ST-ZIP **Hudson FL 34667**

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]* **ROGER MICHELS, President 727-845-1957**

CR2E037 (10/02)