

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90085 028 ****61.25

DOCUMENT # 700686

1. Entity Name

EAST LAKE PARK HOMEOWNERS CIVIC CLUB, INCORPORAT

Principal Place of Business

Mailing Address

7217 KINGSBURY CIRCLE
 TAMPA FL 33610

6524 WALTON WAY
 TAMPA FL 33610-5515
 US

U0037223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6815 SPENCER CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

4. FEI Number

59-1704197

Applied For

Not Applicable

Zip

Country

33610

Country

USA

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

~~SAFFRI, CAROLINE
 6524 WALTON WAY
 TAMPA FL 33610~~

Name **MCLEMORE, CAROL A.**

Street Address (P.O. Box Number is Not Acceptable)

6815 SPENCER CIRCLE

City **TAMPA**

FL

Zip Code **33610**

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10. Mar. 00

**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	PS	<input checked="" type="checkbox"/> Delete
NAME	CREECH, EDDIE	
STREET ADDRESS	6527 WALTON WAY	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CAROLINE SAFFRI	
STREET ADDRESS	6524 WALTON WAY	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MACLEMORE, CAROL	
STREET ADDRESS	6815 SPENCER CIRCLE	TRES.
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WENCKA, ELEANOR	
STREET ADDRESS	6617 TRAVIS BLVD	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CRAIG	PRES.
STREET ADDRESS	6501 WALTON WAY	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SPROVKIN, JOHN	
STREET ADDRESS	6811 SPENCER CIR	
CITY-ST-ZIP	TAMPA FL 33610	

TITLE	PS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG WILLIAMS	
STREET ADDRESS	6501 WALTON WAY	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL A. MCLEMORE	
STREET ADDRESS	6815 SPENCER CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIE THOMAS	
STREET ADDRESS	6816 SPENCER CIR	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN SPROVKIN	
STREET ADDRESS	6811 SPENCER CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33610	
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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10. Mar. 00

Date

Daytime Phone #

813 685-7755

CR2E037 (9/99)