2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90946 044 ****61.25

0025376

DOCUMENT # 704737

1. Entity Name

THE GREATER MAITLAND CIVIC CENTER, INC.

Principal Place of Business	Mailing Address
641 S. MAITLAND AVE. PO BOX 941124 MAITLAND FL 32794 US	641 S. MAITLAND AVE. PO BOX 941124 MAITLAND FL 32794 US

757156

DO NOT WRITE IN THIS SPACE

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 59-1087926 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BUERGER, ROBERT B
26 MINNEMAHA CIRCLE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name DARCY BONE
Street Address (P.O. Box Number is Not Acceptable)
2501 MACBETH AVE
City MAITLAND FL Zip Code 32751

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 D. Darcy Bone Apr. 25, 2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BUERGER, ROBERT 26 MINNEHAHA CIRCLE MAITLAND FL 32751	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DARCY BONE 2501 MACBETH AVE MAITLAND FL 32751	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WILDER, ED 301 EVANSDALE ROAD LAKE MARY FL 32746	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. PAT STOVER 611 CENTRAL AVE MAITLAND FL 32751	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOUSER, JIM 633 DOMMERICH DRIVE MAITLAND FL 32751	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER WILLIAM VICKERS 2110 GERONIMO TR MAITLAND FL 32751	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALEY, ANNE 2400 DELORAINE MAITLAND FL 32751	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LYLE SHAFFER 341 W SYBELIA AVE MAITLAND FL 32751	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORD, ROBERT 2480 DELORAINE TR MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORTNER, ANTHONY 700 LIVE OAK ST MAITLAND FL 32751	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BETTY OWEN 1755 HURON TRAIL MAITLAND FL 32751	☑ Change ☐ Addition

CR2E037 (10/00)

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 D. Darcy Bone Apr. 25, 2001 407-628-0682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #