

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90045 005 \*\*\*\*61.25

**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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1087926**

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

**BONE, DARCY**  
**2501 MACBETH AVENUE**  
**MAITLAND FL 32751**

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	BONE, DARCY	
STREET ADDRESS	2501 MACBETH AVENUE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STOVER, PAT	
STREET ADDRESS	611 CENTRAL AVENUE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	T	<input type="checkbox"/> Delete
NAME	VICKERS, WILLIAM	
STREET ADDRESS	2110 GERONIMO TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAFFER, LYLE	
STREET ADDRESS	341 W SYBELIA AVENUE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORD, ROBERT	
STREET ADDRESS	2480 DELORAINE TR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWEN, BETTY	
STREET ADDRESS	1755 HURON TRAIL	
CITY-ST-ZIP	MAITLAND FL 32751	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT STOVER	
STREET ADDRESS	611 CENTRAL AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE ASH	
STREET ADDRESS	1131 GLEN GARRY CIRCLE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEA LONG	
STREET ADDRESS	1140 S ORLANDO AVE K-8	
CITY-ST-ZIP	MAITLAND FL 32751	
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:

*William D. Vickers* **WILLIAM D VICKERS**

7/29/02

(407)644 9177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)