

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91388 044 \*\*\*\*61.25

**DOCUMENT # 704737**

1. Entity Name

**THE GREATER MAITLAND CIVIC CENTER, INC.**



Principal Place of Business

641 S. MAITLAND AVE.  
PO BOX 941124  
MAITLAND FL 32794  
US

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number **59-1087926**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **GLENN E. SWIGART JR**  
Street Address (P.O. Box Number is Not Acceptable)  
**1946 VIBURNUM LANE**  
City **WINTER PARK** FL Zip Code **32792**

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 *Glenn E Swigart Jr.*

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	<b>STOVER, PAT</b>	
STREET ADDRESS	<b>611 CENTRAL AVENUE</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>ASH, JOE</b>	
STREET ADDRESS	<b>1131 GLEN GARRY CIRCLE</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>VICKERS, WILLIAM</b>	
STREET ADDRESS	<b>2110 GERONIMO TRAIL</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>SHAFFER, LYLE</b>	
STREET ADDRESS	<b>341 W SYBELIA AVENUE</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LONG, BEA</b>	
STREET ADDRESS	<b>1140 S. ORLANDO AVENUE - SUITE "K-8"</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>OWEN, BETTY</b>	
STREET ADDRESS	<b>1755 HURON TRAIL</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDA ZEITLER</b>	
STREET ADDRESS	<b>910 WINTERGREEN BLVD</b>	
CITY-ST-ZIP	<b>FERN PARK FL 32730</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYLE SHAFFER</b>	
STREET ADDRESS	<b>341 W SYBELIA AVE</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATY SIMMONS</b>	
STREET ADDRESS	<b>561 N LAKE SYBELIA DR</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **SIGNATURE REQUIRED** *Linda R. Zeitler 4/23/03 407-830-6373*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)