

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90003 023 \*\*\*\*61.25

**DOCUMENT # 706641**  
 1. Entity Name  
**BAILEY'S BLUFF CIVIC ASSOCIATION, INC.**

Principal Place of Business 2110 GULFVIEW DR (HOLIDAY 34691) P O BOX 103 TARPON SPRINGS FL 34688	Mailing Address 2110 GULFVIEW DR (HOLIDAY 34691) P O BOX 103 TARPON SPRINGS FL 34698-0103
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1776288</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**STEVENS, JAMES M**  
**35 W LEMON ST**  
**TARPON SPRINGS FL 34689**

**7. Name and Address of New Registered Agent**  
 Name **J. Ben HARRILL**  
 Street Address (P.O. Box Numbers Not Acceptable) **3224 BLUFF BLVD.**  
 City **Holiday** FL **34691**

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 *J. Ben HARRILL* DATE **4/5/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME P BERRY, HELEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1932 COVE CT	
CITY-ST-ZIP HOLIDAY FL 34691	
TITLE NAME D DOWD, KIM	<input type="checkbox"/> Delete
STREET ADDRESS 3225 BLUFF BLVD	
CITY-ST-ZIP HOLIDAY FL 34691	
TITLE NAME D CRANE, CLARA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3120 BLUFF BLVD	
CITY-ST-ZIP HOLIDAY FL 34691	
TITLE NAME T GARDINER, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS 3200 BLUFF BLVD	
CITY-ST-ZIP HOLIDAY FL	
TITLE NAME S DUNN, JUDY	<input type="checkbox"/> Delete
STREET ADDRESS 3201 BLUFF BLVD	
CITY-ST-ZIP HOLIDAY FL 34691	
TITLE NAME D MORRIS, MADELINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1907 GULFVIEW	
CITY-ST-ZIP HOLIDAY FL 34691	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME P/D SCHWARTZ, DONALD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2106 Gulfview Dr.	
CITY-ST-ZIP Holiday, FL 34691	
TITLE NAME D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME D KELLER, GARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2107 Gulfview Dr.	
CITY-ST-ZIP Holiday, FL 34691	
TITLE NAME T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME VP/D KATY ACKLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3229 Bluff Blvd.	
CITY-ST-ZIP Holiday, FL 34691	

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: *Donald Schwartz* **Donald Schwartz** Date **4/4/00** Daytime Phone # **727-938-1010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)