## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 709487 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name BREEZEWOOD PARK-ORANGE CITY HILLS CIVIC ASSOCIAT 04-19-2000 90104 028 \*\*\*\*70.00 Principal Place of Business Mailing Address C/O JOHNSTON, ALICE, S C/O JOHNSTON, ALICE, S 670 BISCAYNE DR 670 BISCAYNE DR **ORANGE CITY FL 32763 ORANGE CITY FL 32763-7704** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 74-1870948 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ABELES, DAVID E., PA #5 WEST HIGHBANKS RD. DEBARY FL 32713 Zip Code FL 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. 1. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Delete TITLE TITLE NAME JOHNSTON, ALICE S NAME STREET ADDRESS **670 BISCAYNE DR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE CITY, FL 0 D- Vice President Change TITLE D Delete TITLE Carey, Judi NAME COWDEN, NORMA NAMÉ STREET ADDRESS STREET ADDRESS 615 PARKVIEW AVENUE CITY-ST-7IP CITY-ST-ZIP ORANGE CITY FL 32763 Secretary ▼-Change TITLE Defete TITLE ~ NAME Sousa, Delores NAME STREET ADDRESS STREET ADDRESS 2235 SE FIRST ST. CITY-ST-ZIP CITY-ST-ZIP ORANGE CITY FL ☐ Addition TITLE CS ☐ Delete TITLE SEIB, PEGGY NAME NAME STREET ADDRESS STREET ADDRESS 2245 HILLSIDE AVE CITY-ST-ZIP CITY-ST-ZIP ORANGE CITY FL 32763 **☑** Change Delete TITLE Addition TITLE George Plazad reeman. arthur, Broska NAME /aza drive STREET ADDRESS 2255 SE FIRST ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE CITY FL Delete TITLE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: OLIGINATURE AND TYPED OR PRINTED LAND OF SIGNING OFFICER OR DIRECTOR DELECTION DATE OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DATE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DATE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DATE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER DESCRIPTION DATE OF SIGNING OFFICER DATE OFFICER DATE OF SIGNING OFFICER DATE OFFICER DATE OFFICER DATE OFFICER DATE OFF

SOUSA, DELORES

2235 SE FIRST ST

ORANGE CITY FL

NAME

STREET ADDRESS

CITY-ST-7IP