

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90025 006 ****61.25

DOCUMENT # 709922

1. Entity Name

OZELLO CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14095 W OZELLO TR
 CRYSTAL RIVER FL 34429
 US

14095 W OZELLO TR
 CRYSTAL RIVER FL 34429-5163
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2945820

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

VAN GELDER, MARJORIE
5800 S OAKRIDGE DR
HOMOSASSA SPRINGS FL 34447

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

Marjorie Van Gelder

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 13, 2000

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	TD	<input type="checkbox"/> Delete
NAME	VEEDER, ROBERT	
STREET ADDRESS	3460 W SUSAN LN	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BENSON, CARL	
STREET ADDRESS	1517 S FISHCREEK PT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEBUSK, JOAN	
STREET ADDRESS	1150 STRAY OAK TERRACE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIPPEY, DONALD	
STREET ADDRESS	578 N. LAKE CIRCLE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYDEN, FRANCIS	
STREET ADDRESS	3450 W SISAN LN	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VAN GELDER, MARJORIE	
STREET ADDRESS	5800 S. OAKRIDGE DR.	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34447	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 I am empowered.

SIGNATURE:

Carl Rippey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 2000

Date

Daytime Phone #

CR2E037 (9/99)