

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709922

1. Entity Name

OZELLO CIVIC ASSOCIATION, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90006 049 ****61.25

Principal Place of Business
 14095 W OZELLO TR
 CRYSTAL RIVER FL 34429
 US

Mailing Address
 14095 W OZELLO TR
 CRYSTAL RIVER FL 34429
 US

071152



DO NOT WRITE IN THIS SPACE

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

TITLE	Treasure	☐ Change ☒ Addition
NAME	Betty Griffith	
STREET ADDRESS	1819 S Waterbird Pt	
CITY-ST-ZIP	Crystal River Fl. 34429	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: Betty Griffith Betty Griffith 4-27-01 352-563-5387
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)