

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91621 007 ****61.25

0066974

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
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2945820

Applied For

Not Applicable

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

Bobby Griffith

Bobby Griffith

5/17/02

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	T	<input type="checkbox"/> Delete
NAME	GRIFFITH, BOBBY	
STREET ADDRESS	1819 S. WATER BIRD PT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
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	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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Griffith	
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
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 attached document, if an agent, trustee, or like empowered.

SIGNATURE:

Bobby Griffith

Bobby Griffith

5/17/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)