

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90084 023 ****61.25

DOCUMENT # 710506

1. Entity Name

CHRISTMAS CIVIC ASSOCIATION, INC

Principal Place of Business

23760 E HWY 50
P.O. BOX 473
CHRISTMAS FL 32709-7473

Mailing Address

23760 E HWY 50
P.O. BOX 473
CHRISTMAS FL 32709-7473

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7372952

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

TRUEX, JOSEPH
24430 NETTLES ROAD
CHRISTMAS FL 32709

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 NAME STREET ADDRESS CITY-ST-ZIP	VP BEAGLES, BOBBY 21302 FT CHRISTMAS ROAD CHRISTMAS FL 32709	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIDD, JANE P O BOX 734 CHRISTMAS FL 32709	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGG, KAY 238 FT CHRISTMAS RD CHRISTMAS FL 32709	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEALY, STEVE 21241 REINDEER RD CHRISTMAS FL 32709	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKER, CECIL 23300 FT CHRISTMAS RD CHRISTMAS FL 32709	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLESON, BOB 1236 ST CATHERINE AVE CHRISTMAS FL 32709	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES, JACK 3515 FT. CHRISTMAS ROAD CHRISTMAS, FL. 32709	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOODS, DELORES PO BOX 28 N/A CHRISTMAS, FL. 32709	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Joseph Truex*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-2001 402-568-3446
Date Daytime Phone #

CR2E037 (10/00)