

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 06, 2001 8:00 am
Secretary of State

02-03-2001 90058 025 ****61.25

DOCUMENT # 711298
 1. Entity Name
HOLIDAY HEIGHTS CIVIC ASSOCIATION, INC.

Principal Place of Business Mailing Address
 5103 20TH ST. W 5103 20TH ST. W
 5103 20TH STREET W. 5103 20TH STREET W.
 BRADENTON FL 34207 BRADENTON FL 34207
 US US

2. Principal Place of Business 3. Mailing Address
4801B 18th St W **4801B 18th St W**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
~~Bradenton, Florida~~ ~~Bradenton, Florida~~
 Zip Country Zip Country
34207 **Manatee** **34207** **Manatee**

4. FEI Number Applied For
65-0039236 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BERES, ETHEL
5103 20TH STREET W.
BRADENTON FL 34207

7. Name and Address of New Registered Agent
 Name **Walter Laak**
 Street Address (P.O. Box Number is Not Acceptable)
4801B 18th St W
 City **Bradenton** **FL** Zip Code **34207**

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 **Walter Laak, President** *Walter Laak* *Jan 26, 2001*
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERES, ETHEL 5103 20TH ST. W. BRADENTON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELLOWES, EDWARD 4908A 21ST ST W BRADENTON FL 34207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STOVER, NORMA 5105 20TH ST. W. BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WORKMAN, CAROL 5008A 23RD ST W BRADENTON FL 34207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAITE, CLARK 5116 18TH AVE W BRADENTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERMANE, ROBERT 2103 - 51ST AVE W BRADENTON FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GADDY, Keith B. 5123 18th St W Bradenton, FL 34207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAAK, Walter 4801B 18th St W Bradenton, FL 34207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANKE, Catherine 4812 25th St W Bradenton, FL 34207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Norma Stover* **Norma Stover, Treasurer** *Jan 26, 2001* (941) 756-5129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)