

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-20-2000 90095 021 ****61.25

DOCUMENT # 711711

1. Entity Name

TANGELO PARK CIVIC ASSOCIATION, INC.

Principal Place of Business

TANGELO BAPTIST CHURCH
 ORLANDO FL 32819
 US

Mailing Address

5006 SHOSHONE ST.
 ORLANDO FL 32819-8444
 US

00001000



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

59-1736760

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

ALLISON ANTHONY
5006 SHOSHONE ST
ORLANDO FL 32819

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:
SEE 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	<input type="checkbox"/> Delete
PD	ANTHONY, ALLISON	5006 SHOSHORE AVE	ORLANDO FL	<input type="checkbox"/>
VD	GREEN, JOANN	7700 MANDARIN DR	ORLANDO FL 32819	<input type="checkbox"/>
SD	BURKE, KATHLEEN V	5016 MANDURIA ST	ORLANDO FL	<input checked="" type="checkbox"/>
T	WILLIAMS, ALICIA	7708 POMELO AVE.	ORLANDO FL	<input type="checkbox"/>
TP	PEAY, ROOSEVELT	7625 UDINE AVE.	ORLANDO FL	<input type="checkbox"/>
TP	ONLY, THOMAS	4829 SHOSHONE ST.	ORLANDO FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	SD Shirley St. Felix		ORLANDO, FL 32819	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Allison Anthony* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 Jan, 2000 (407) 351-0340

Date

Daytime Phone #