

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717514

1. Entity Name

COLONIAL HILLS CIVIC ASSOCIATION, INC.,

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

02-06-2001 90271 047 ****61.25

0079834

Principal Place of Business

3852 PRIME PLACE
NEW PORT RICHEY FL 34652
US

Mailing Address

3852 PRIME PLACE
NEW PORT RICHEY FL 34652
US

UUU14453



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

23-7363963

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

JORDAN, JEAN
5723 CHAPMAN DR
NEW PORT RICHEY FL 34652

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

JEAN JORDAN, TREASURER

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME ESTRIDGE, MARJORIE
STREET ADDRESS 5245 EAGLE DR
CITY-ST-ZIP HOLIDAY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME MELTON, JUNE
STREET ADDRESS 5854 OTIS DR
CITY-ST-ZIP NEW PORT RICHEY FL ☒ Delete

TITLE VD
NAME CHARLES JOHNSON
STREET ADDRESS 5319 BOBWHITE DR.
CITY-ST-ZIP HOLIDAY, FL 34690 ☒ Change ☐ Addition

TITLE DV
NAME MEYER, WALTER
STREET ADDRESS 5136 DOVE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL ☒ Delete

TITLE VTD
NAME EARL SCHEEL
STREET ADDRESS 3526 ODOM DR.
CITY-ST-ZIP NEW PORT. RICHEY, FL 34652 ☒ Change ☐ Addition

TITLE SD
NAME MOLVIE, PATRICIA
STREET ADDRESS 5231 EAGLE DR
CITY-ST-ZIP HOLIDAY FL 34690 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT
NAME JORDAN, JEAN
STREET ADDRESS 5723 CHAPMAN DR
CITY-ST-ZIP NEW PORT RICHEY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME EARL SCHEEL
STREET ADDRESS 3526 ODOM DR
CITY-ST-ZIP NEW PT RICHEY FL 34652 ☒ Delete

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: *Marjorie Estridge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESTRIDGE, MARJORIE, PRESIDENT

Date

2/1/01 (727)
937-9304

Daytime Phone #

CP2E037 (10/00)