

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90030 037 \*\*\*\*61.25

**DOCUMENT # 717514**

1. Entity Name

**COLONIAL HILLS CIVIC ASSOCIATION, INC.,**

Principal Place of Business

**3852 PRIME PLACE  
 NEW PORT RICHEY FL 34652  
 US**

Mailing Address

**3852 PRIME PLACE  
 NEW PORT RICHEY FL 34652  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7363963**

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

**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*

**JEAN JORDAN, TREASURER**

*2/14/02*

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          | PD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | ESTRIDGE, MARJORIE       |                                            |
| STREET ADDRESS | 5245 EAGLE DR            |                                            |
| CITY-ST-ZIP    | HOLIDAY FL               |                                            |
| TITLE          | VD                       | <input type="checkbox"/> Delete            |
| NAME           | JOHNSON, CHARLES         |                                            |
| STREET ADDRESS | 5319 BOBWHITE DR.        |                                            |
| CITY-ST-ZIP    | HOLIDAY FL 34690         |                                            |
| TITLE          | VTD                      | <input type="checkbox"/> Delete            |
| NAME           | SCHEEL, EARL             |                                            |
| STREET ADDRESS | 3526 ODOM DR.            |                                            |
| CITY-ST-ZIP    | NEW PORT RICHEY FL 34652 |                                            |
| TITLE          | SD                       | <input type="checkbox"/> Delete            |
| NAME           | MOLVIE, PATRICIA         |                                            |
| STREET ADDRESS | 5231 EAGLE DR            |                                            |
| CITY-ST-ZIP    | HOLIDAY FL 34690         |                                            |
| TITLE          | DT                       | <input type="checkbox"/> Delete            |
| NAME           | JORDAN, JEAN             |                                            |
| STREET ADDRESS | 5723 CHAPMAN DR          |                                            |
| CITY-ST-ZIP    | NEW PORT RICHIE FL       |                                            |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| 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    |  |                                                                   |
| 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 attachment with an address, with all other like empowered.

SIGNATURE

*Charles Johnson*

**CHARLES JOHNSON, 1ST V.P.** *2/14/02* **727-944-2130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)