

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90188 028 ****61.25

DOCUMENT # 730425

1. Entity Name

TIDEVUE ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4214 11TH STREET COURT EAST
 ELLENTON FL 34222
 US

4214 11TH ST CT E
 ELLENTON FL 34222-2563

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

59-1656049

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

DITTMAR, ROBERT
1101 42ND AVENUE DRIVE E
ELLENTON FL 34222

Name **ROBERT T HUBBARD**
 Street Address (P.O. Box Number is Not Acceptable)
1208 12th Street Ct E
 City **Ellenton FL** Zip Code **34222**

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 *Robert T. Hubbard* President DATE **January 12, 2000**
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	P	<input checked="" type="checkbox"/> Delete
NAME	DITTMAR, ROBERT	
STREET ADDRESS	1101 42ND AVE DR E	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUBBARD, ROBERT	
STREET ADDRESS	1208 12TH ST CT E	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SHOLLER, GERALD	
STREET ADDRESS	1109 46TH AVE DR E	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCLAUGHLIN, GLEN	
STREET ADDRESS	4508 14TH ST E	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOODWORTH, EOLA	
STREET ADDRESS	1504 44TH AVE DR E	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCER, GERALD	
STREET ADDRESS	4503 15TH STREET E	
CITY-ST-ZIP	ELLENTON FL 34222	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, ROBERT T.	
STREET ADDRESS	1208 12th Street Ct E	
CITY-ST-ZIP	Ellenton, FL 34222	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COVERDALE, TOM	
STREET ADDRESS	1217 41st Avenue Dr E	
CITY-ST-ZIP	Ellenton, FL 34222	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BINGHAM, BILLIE	
STREET ADDRESS	4212 13th Street E	
CITY-ST-ZIP	Ellenton, FL 34222	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	METCALF, VIER	
STREET ADDRESS	1104 44th Avenue Dr E	
CITY-ST-ZIP	Ellenton, FL 34222	
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: *Robert T. Hubbard* Robert T. Hubbard, President Jan. 12, 2000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)