

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90042 040 \*\*\*\*61.25

0074718

**DOCUMENT # 730425**

1. Entity Name

**TIDEVUE ESTATES CIVIC ASSOCIATION, INC.**

Principal Place of Business

**4214 11TH STREET COURT EAST  
ELLENTON FL 34222  
US**

Mailing Address

**4214 11TH ST CT E  
ELLENTON FL 34222**

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

**DELETE**

**ADD**

**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**

**Ellenton, Fl 34222**

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

*Robert T Hubbard Pres*

**1/11/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP COVERDALE, TOM 1217 41 AVE. DR E ELLENTON FL 34222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUBBARD, ROBERT 1208 12 ST. CT E ELLENTON FL 34222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BINGHAM, BILLIE 4212 13 ST. E ELLENTON FL 34222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, GLEN 4508 14TH ST E ELLENTON FL 34222	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODWORTH, EOLA 1504 44TH AVE DR E ELLENTON FL 34222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, GERALD 4503 15TH STREET E ELLENTON FL 34222	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director COVERDALE, TOM 1217 41st Ave Dr E Ellenton, FL 34222	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer METCALF, VIER 1104 44th Avenue Dr E Ellenton, Fl 34222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BINGHAM, BILLIE 4212 13th St E Ellenton, Fl 34222	<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	S WOODWORTH, EOLA 1504 44th Ave Dr E ELLENTON, FL 34222	<input checked="" 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:

*Robert T Hubbard Pres*

**1/11/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)