

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0097067

DOCUMENT # 734779

1. Entity Name

CIVITAN CLUB OF AUBURNDALE, INC.

03-18-2002 90182 007 ****61.25

Principal Place of Business

**212 HERNANDO DR S.E.
 WINTER HAVEN FL 33884-8026**

Mailing Address

**212 HERNANDO DR S.E.
 WINTER HAVEN FL 33884-8026**

2. Principal Place of Business

3. Mailing Address

~~Suite/Apt./#-etc.~~

~~Suite/Apt./#-etc.~~

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-6158812

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

**DOZIER, ED
 212 HERNANDO DR. S.E.
 WINTER PARK FL 33884**

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: 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 **D** Delete
 NAME **ALBRIGO, GENE**
 STREET ADDRESS **7 LAKE WINTerset DR**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **D** Change Addition
 NAME **HALLFIN, NANCY**
 STREET ADDRESS **3803 GAINES DR. SE.**
 CITY-ST-ZIP **WINTER HAVEN, FL 33884-2809**

TITLE **D** Delete
 NAME **KELLEY, GUYLENE**
 STREET ADDRESS **449 GULFSTREAM DR N**
 CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **P** Change Addition
 NAME **BROWN, ROYAL III**
 STREET ADDRESS **3851 GAINES DR. S.E.**
 CITY-ST-ZIP **WINTER HAVEN, FL 33884 2809**

TITLE **T** Delete
 NAME **DOZIER, ED**
 STREET ADDRESS **212 HERNANDO DR SE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **HALL, FIN**
 STREET ADDRESS **3803 GAINES DR SE**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BOSTELMAN, ERNIE**
 STREET ADDRESS **511 ARNESON AVE**
 CITY-ST-ZIP **AUBURNDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MORGAN, TOM**
 STREET ADDRESS **360 VAIL DR.**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE Change 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:

Signature **RECEIVED DOZIER**

3-5-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)