

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91314 015 \*\*\*\*61.25

0014195

**DOCUMENT # 744828**

1. Entity Name

**PALMETTO POINT CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

637 PALMETTO POINT DR.  
 PALMETTO FL 34221

P. O. BOX 628  
 PALMETTO FL 34220  
 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 **59-6163911**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STANFORD, THOMAS G**  
**432 45TH ST. CT. W.**  
**PALMETTO FL 34221**

7. Name and Address of New Registered Agent

Name: **Tonya K. Hamilton**  
 Street Address (P.O. Box Number is Not Acceptable):  
**324 50th St. W.**  
 City: **Palmetto** FL Zip Code: **34221**

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: *Tonya K. Hamilton* **Tonya K. Hamilton** / 25/01  
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**  
**After September 12, 2001, min. will be \$236.25**

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	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STANFORD, THOMAS</b>	
STREET ADDRESS	<b>432 45TH ST CT W.</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STANHOPE, GORDON</b>	
STREET ADDRESS	<b>4404-3RD AVE. W.</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ADAMS, JOHN</b>	
STREET ADDRESS	<b>4811 5TH AVE W.</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CLOONEY, DAVID</b>	
STREET ADDRESS	<b>4316-3RD AVE. W.</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SLOAN, KENNETH</b>	
STREET ADDRESS	<b>324 50TH ST. W.</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, JAMES</b>	
STREET ADDRESS	<b>315 50TH ST. W.</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	

TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tonya K. Hamilton</b>	
STREET ADDRESS	<b>324 50th St. W.</b>	
CITY-ST-ZIP	<b>Palmetto, FL 34221</b>	
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: *Kenneth E. Sloan* **SIGNATURE REQUIRED** *Kenneth E. Sloan* **V. Pres.** 7-25-01

CR2E037 (5/01)