

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90003 033 \*\*\*\*61.25

**DOCUMENT # 760605**

1. Entity Name

**MAGDALENE GROVE CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1218 TERRA MAR DR  
 TAMPA FL 33613

1218 TERRA MAR DR  
 TAMPA FL 33613-1712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2602517

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

TOTOPULOS, THOMAS E  
 1211 TERRA MAR DRIVE  
 TAMPA FL 33613

*Please correct spelling of RA's name*

Name **FOTOPULOS, THOMAS E.**

Street Address (P.O. Box Number is Not Acceptable)  
**1211 TERRA MAR DRIVE**

City **TAMPA**

FL

Zip Code **33613**

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

*Thomas E. Fotopulos* **THOMAS E. FOTOPULOS**

**3/24/00**

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  Delete  
 NAME MIXON, SHANNON  
 STREET ADDRESS 1223 TERRA MAR DRIVE  
 CITY-ST-ZIP TAMPA FL 33613

TITLE PD  Change  Addition  
 NAME Black, Bea  
 STREET ADDRESS 1213 Magdalene Hill Drive  
 CITY-ST-ZIP TAMPA, FL 33613

TITLE VD  Delete  
 NAME TATRO, APRIL  
 STREET ADDRESS 1221 TERRA MAR DRIVE  
 CITY-ST-ZIP TAMPA FL 33613

TITLE VD  Change  Addition  
 NAME DENNISON, RONALD  
 STREET ADDRESS 1209 Magdalene Hill Drive  
 CITY-ST-ZIP TAMPA, FL 33613

TITLE VD  Delete  
 NAME WILCOX, JAMES  
 STREET ADDRESS 1204 BEACON HILL DRIVE  
 CITY-ST-ZIP TAMPA FL 33613

TITLE VD  Change  Addition  
 NAME CAMPBELL, Debbie  
 STREET ADDRESS 1212 Magdalene Hill Drive  
 CITY-ST-ZIP TAMPA, FL 33613

TITLE SD  Delete  
 NAME HOLBROOK, DEENA  
 STREET ADDRESS 910 TERRA MAR DRIVE  
 CITY-ST-ZIP TAMPA FL 33613

TITLE SD  Change  Addition  
 NAME HOLBROOK, DEENA  
 STREET ADDRESS 910 TERRA MAR DRIVE  
 CITY-ST-ZIP TAMPA, FL 33613

TITLE TD  Delete  
 NAME MCCREARY, SHIRLEY  
 STREET ADDRESS 906 TERRA MAR DR  
 CITY-ST-ZIP TAMPA FL 33613

TITLE TD  Change  Addition  
 NAME MCCREARY, Shirley  
 STREET ADDRESS 906 TERRA MAR DRIVE  
 CITY-ST-ZIP TAMPA, FL 33613

TITLE D  Delete  
 NAME WILCOX, MARIA  
 STREET ADDRESS 1204 BEACON HILL DRIVE  
 CITY-ST-ZIP TAMPA FL 33613

TITLE D  Change  Addition  
 NAME WILCOX, JAMES  
 STREET ADDRESS 1204 Beacon Hill Drive  
 CITY-ST-ZIP TAMPA, FL 33613

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:

*Deena G. Holbrook*  
 SECRETARY

**3/14/2000**

**813-963-0448**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)