2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # 760605 1. Entity Name MAGDALENE GROVE CIVIC ASSOCIATION, INC. 04-10-2001 90142 012 ****61.25 Principal Place of Business Mailing Address 1218 TERRA MAR DR 1218 TERRA MAR DR **TAMPA FL 33613 TAMPA FL 33613** 2. Principal Place of Business 3. Mailing Address 906 TERKA MAR DR. 906 TERRA MAR DR. Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2602517 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name McCReaki FOTOPULOS, THOMAS E TERRA MAR 1211 TERRA MAR DRIVE **TAMPA FL 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. (NOTE: Registered Agent signature Make Check Pavable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE PD ☐ Delete TITLE Change Addition NAME BLACK, BEA NAME STREET ADDRESS STREET ADDRESS 1213 MAGOLALENE HILL DR CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** TITLE ☐ Delete TITLE Change Change ☐ Addition DENNISON, RONALD МАМР NAME STREET ADDRESS STREET ADDRESS 1209 MAGDALENE HILL DR CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** Addition **X**Change TITLE Delete TITLE BETH OSBORNE WILCOX, JAMES NAME NAME 1007 TERRAHAR DRIVE STREET ADDRESS STREET ADDRESS 1204 BEACON HILL DRIVE CITY-ST-ZIP TAMPA, FL 33613 CITY-ST-ZIP **TAMPA FL 33613** Change ☐ Addition TITLE SD ☐ Delete TITLE HOLBROOK, DEENA NAME NAME STREET ADDRESS STREET ADDRESS 910 TERRA MAR DRIVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33613 ☐ Addition Change TITLE ☐ Delete TITLE NAME MCCREARY, SHIRLEY NAME STREET ADDRESS 906 TERRA MAR DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** TITLE ٧D ☐ Delete TITLE Change ☐ 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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

CAMPBELL, DEBBIE

TAMPA FL 33613

1212 MAGDALENE HILL DR

Deena Holbrook 4/3/01 813-963-0448