

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90003 007 ****61.25

DOCUMENT # 740067

1. Entity Name

SECRET COVE CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 550706
 JACKSONVILLE FL 32255-7706

P.O. BOX 550706
 JACKSONVILLE FL 32255-0706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2378008

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEINHAUSER, JOHN
3528 HIDDEN LAKE DR W
JACKSONVILLE FL 32216

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	DT	<input type="checkbox"/> Delete
NAME	LEINHAUSER, JOHN	
STREET ADDRESS	3528 HIDDEN LAKE DR. W.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RICE, BILL	
STREET ADDRESS	3507 HIDDEN LAKE DR., W	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SUBER, JENN	
STREET ADDRESS	3402 SECRET COVE PL	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLDEN, D.C.	
STREET ADDRESS	3165 OLD PT CIRCLE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TREMBLY, RUSSELL	
STREET ADDRESS	8327 HIDDEN LAKE DR S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WERN, TOM	
STREET ADDRESS	8388 COMPASS ROSE DR., S	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

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
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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)(l), 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:

John Leinhauser
JOHN LEINHAUSER 11 Feb 2000 (904) 542-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)