

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722021

1. Entity Name

TOMOKA VIEW AND TANGLEWOOD CIVIC ASSOCIATION, IN

Principal Place of Business

Mailing Address

217 SEMINOLE DR.
ORMOND BEACH FL 32174
US

P. O. BOX 730671
ORMOND BEACH FL 32173-0671
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1978459

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

CRISP, RONALD C
217 SEMINOLE DR.
ORMOND BCH. FL 32174

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 PD ☒ Delete
NAME GILBERT, ALAN
STREET ADDRESS 109 SEMINOLE DR.
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE PD ☒ Change ☐ Addition
NAME HARLEY HOFFMAN
STREET ADDRESS 108 SEMINOLE DR.
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE TD ☐ Delete
NAME RONALD CRISP
STREET ADDRESS 217 SEMINOLE DR.
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE TD ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME HOFFMAN, HARLEY
STREET ADDRESS 108 SEMINOLE DR.
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE S ☒ Change ☐ Addition
NAME ELIZABETH TOMPI
STREET ADDRESS 331 SYLVAN DR.
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VPD ☒ Delete
NAME RONALD CANDAGE
STREET ADDRESS 240 SEMINOLE DR.
CITY-ST-ZIP ORMOND BEACH FL

TITLE VPD ☒ Change ☐ Addition
NAME PAT LANE
STREET ADDRESS 337 PALM TREE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☒ Delete
NAME HASTINGS, AL
STREET ADDRESS 333 APACHE TRAIL
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☒ Change ☐ Addition
NAME ALAN GILBERT
STREET ADDRESS 109 SEMINOLE DR.
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☒ Delete
NAME CUDDY, JAY
STREET ADDRESS 139 CHEROKEE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☒ Change ☐ Addition
NAME DEE KUNZ (D)
STREET ADDRESS 210 CHEROKEE
CITY-ST-ZIP ORMOND BEACH FL 32174

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00 (904) 677-4173

Date

Daytime Phone #

CR2E037 (9/99)