

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38374

1. Entity Name

WOOD TRAIL VILLAGE CIVIC ASSOCIATON, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90222 026 ****61.25

Principal Place of Business

8866 NAPA LOOP
NEW PORT RICHEY FL 34653

Mailing Address

P.O. BOX 1928
ELFERS FL 34690
US

00016425



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4423 Wood Trail Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

New Port Richey, Fla.

City & State

4. FEI Number

59-3051870

Applied For

Not Applicable

Zip

34653

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SRSICH, CHARLES
8866 NAPA LOOP
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name

Joseph North

Street Address (P.O. Box Number is Not Acceptable)

4423 Wood Trail Blvd.

City

New Port Richey

FL

Zip Code
34653

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 Joseph North, TREASURER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 30, 2001
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM MATHESON, ROBERT 4453 COUNTY BREEZE DRIVE NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIENSEN, BERT 4228 WOOD TRAIL BLVD NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BARR, THOMAS 4430 WOOD TRAIL BLVD. NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BDM MATHESON, PHYLLIS 4453 COUNTY BREEZE DRIVE NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEDENCE, KAREN 4346 WOOD TRAIL NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNEY, CATHERINE 4352 ROYAL OAK LANE NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Randy Packer 4222 Tall Oak Lane New Port Richey Fla. 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Reece, Herb 4430 Wood Trail Blvd. New Port Richey, Fla. 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. North, Joseph 4423 Wood Trail Blvd. New Port Richey, Fla. 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-2001
Date

727-372 7979
Daytime Phone #

CR2E037 (10/00)