

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712655

1. Entity Name

THE CLARCONA IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5771 APOPKA VINELAND ROAD  
PO BOX 144  
ORLANDO FL 32818  
US

P O BOX 144  
CLARCONA FL 32710-144  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7010563

Applied For

Not Applicable

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

TRICKEL, WILLIAM JR.  
39 W. PINE STREET  
ORLANDO FL 32801

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 TD ☐ Delete  
NAME LYNN, JERE L  
STREET ADDRESS 7711 CLARLONA - OCOEE RD  
CITY-ST-ZIP ORLANDO FL 32818

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

TITLE SD ☒ Delete  
NAME SHIPE, HERB  
STREET ADDRESS 935 HIGHGATE BLVD  
CITY-ST-ZIP WINTER GARDEN FL

TITLE SD ☒ Change ☐ Addition  
NAME Linda Wolfe  
STREET ADDRESS 7204 June Bug Lane  
CITY-ST-ZIP Orlando, Fl. 32818

TITLE VD ☐ Delete  
NAME MISICKA, EDWARD  
STREET ADDRESS 5221 N. APOPKA VINELAND  
CITY-ST-ZIP ORLANDO FL

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

TITLE PDC ☐ Delete  
NAME SULLY, HERBERT H  
STREET ADDRESS 7925 SULLY DR  
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete  
NAME STEWART, JEFF  
STREET ADDRESS 5826 GILLIAM ROAD  
CITY-ST-ZIP ORLANDO FL

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE:

*(Signature of Jere L. Lynn)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02

407-293-4417

Date

Daytime Phone #

CR2E037 (9/01)

0065819

FILED  
Feb 19, 2002 8:00 am  
Secretary of State

02-19-2002 90002 039 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE