

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90052 027 \*\*\*\*61.25

**DOCUMENT # 770900**

1. Entity Name

**CIVIC ASSOCIATION OF HIGH HOPES MOBILE HOME SUBD  
 VISION, INCORPORATED**

Principal Place of Business

**13955 SE 139TH COURT  
 SUMMERFIELD FL 34491  
 US**

Mailing Address

**P.O. BOX 772  
 SUMMERFIELD FL 34492  
 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

**58-2830649**

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

**PATTILLO, MCKEEVER & BIC P  
 2100 SE 17TH ST  
 STE 300  
 OCALA FL 34471**

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

*Angelina A Dooley*

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	<input checked="" type="checkbox"/> Delete
NAME	BULLIS, RICHARD A	
STREET ADDRESS	6590 SE 139TH ST.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	VDP	<input checked="" type="checkbox"/> Delete
NAME	DOOLEY, ANGELINA A	
STREET ADDRESS	6645 SE 139TH ST.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BULLIS, PAULINE D	
STREET ADDRESS	6590 SE 139TH ST	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	S	<input type="checkbox"/> Delete
NAME	MASCARO, JOSEPHINE	
STREET ADDRESS	6680 SE 139TH ST.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angelina A. Dooley	
STREET ADDRESS	6645 SE 139 ST	
CITY-ST-ZIP	Summerfield, FL	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sergio Equitani	
STREET ADDRESS	139-80 SE 66 CT,	
CITY-ST-ZIP	Summerfield, FL 34491	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Josephine Mascaro	
STREET ADDRESS	6680 SE 139 LN	
CITY-ST-ZIP	Summerfield FL 34491	
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)(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:

*Josephine Mascaro*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Josephine Mascaro*  
 1/24/02

352 347 4431

CR2E037 (9/01)