

# 2002 UNIFORM BUSINESS REPORT (UBR)

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 32255-7706

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

59-2378008

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

KRIER, BARBARA  
3260 HIDDEN LAKE DRIVE E  
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 *Barbara A. Krier*

*Barbara A. Krier*

5/7/02  
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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	KRIER, BARBARA	
STREET ADDRESS	3260 HIDDEN LAKE DRIVE E	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAUGHERTY, ROBERT	
STREET ADDRESS	3545 COMPASS ROSE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SUBER, JENNY	
STREET ADDRESS	3402 SECRET COVE PL	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BOLDEN, D.C.	
STREET ADDRESS	3165 OLD PORT 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 checked="" type="checkbox"/> Delete
NAME	WERN, TOM	
STREET ADDRESS	8388 COMPASS ROSE DR., S	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Courtney	
STREET ADDRESS	3560 Hidden Lake Dr. E.	
CITY-ST-ZIP	Jacksonville FL 32216	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daugherty, Robert	
STREET ADDRESS	3545 Compass Rose Dr. E.	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Simmons	
STREET ADDRESS	3444 Hidden Lake Dr. W.	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tremblay Russell	
STREET ADDRESS	8327 Hidden Lake Dr S.	
CITY-ST-ZIP	Jacksonville, FL 32216	
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:

*Barbara A. Krier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/02 (904) 732-1853  
Date Daytime Phone #

FILED  
May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91762 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)