

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701229

1. Entity Name

CARROLWOOD CIVIC ASSOCIATION, INC.

Principal Place of Business

3515 MCFARLAND RD.
TAMPA FL 33618-3921

Mailing Address

3515 MCFARLAND RD.
TAMPA FL 33618-3921

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

59-1025238

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

~~TAMAN, BOBBI MRS
10920 JUNIPERUS PLACE
TAMPA FL 33618~~

Name

Elizabeth Hapner

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

~~3014 Sabal Road~~ 304 S. Phant Ave

City

TAMPA

FL

Zip Code 33608-06

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

Elizabeth Hapner

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

(NOTE: Registered Agent signature required when reinstating)

4/3/00

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 TAMAN, BOBBI
STREET ADDRESS 10920 JUNIPERUS PLACE
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Change ☒ Addition
NAME Elizabeth Hapner
STREET ADDRESS ~~3014 Sabal Road~~ P.O. Box 272998
CITY-ST-ZIP TAMPA, FL 33688 PRESIDENT

TITLE VD ☒ Delete
NAME TYRRELL, SPENCER
STREET ADDRESS 3012 SABAL ROAD
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Change ☒ Addition
NAME V.D.
NAME DIANE SMITH
STREET ADDRESS 10923 ORANGE GROVE DR.
CITY-ST-ZIP TAMPA, FL 33618

TITLE TD ☐ Delete
NAME COX, SUSAN
STREET ADDRESS 3310 VALENCIA RD.
CITY-ST-ZIP TAMPA FL 33618

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

TITLE SD ☐ Delete
NAME SHARGAA, JUDITH
STREET ADDRESS 11709 PHOENIX CIRCLE
CITY-ST-ZIP TAMPA FL 33618

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Elizabeth Hapner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00 813-250-0357

CR2E037 (9/99)