

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90011 021 ****61.25

DOCUMENT # 702023

1. Entity Name
MAXIMO MOORINGS CIVIC ASSOCIATION, INC.

Principal Place of Business
4908 38TH WAY S #505 ST PETERSBURG FL 33711 US

Mailing Address
4908 38TH WAY S #505 ST PETERSBURG FL 33711 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **30-1424376** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STACY, RALPH
4908 38TH WAY S. #505
ST PETERSBURG FL 33711

7. Name and Address of New Registered Agent
 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: RALPH W. STACY *Ralph W. Stacy Pres.* 7/7/00
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
After September 13, 2000 min. will be \$236.25

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 P	STACY, RALPH 4908 38 WAY S # 505 ST PETERSBURG FL 33711	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	STAGER, PHIL 4184 51ST AVE SO ST PETERSBURG FL 33711	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	MICHEL, KATHERINE 4187 52ND AVE S ST PETERSBURG FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	COLLELO, JOHN 5200 38 WAY S ST PETERSBURG FL 33711	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	HARADER, BONITA 5053 43RD ST S ST. PETERSBURG FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <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: RALPH W. STACY *Ralph W. Stacy* 7/7/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)