

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90091 046 \*\*\*\*61.25

**DOCUMENT # 703248**

1. Entity Name

**MOON LAKE CIVIC ASSOCIATION, INC.**

Principal Place of Business

**9726 MOON LAKE ROAD  
NEW PORT RICHEY FL 34654**

Mailing Address

**9726 MOON LAKE ROAD  
NEW PORT RICHEY FL 34654-3600**

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 **59-2307284**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THEODORE, JARRETT R  
9522 GATUN ST  
NEW PORT RICHEY FL 34654**

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

TITLE **P** ☐ Delete

NAME **JARRETT, THEODORE R**  
STREET ADDRESS **9522 GATUN STREET**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☒ Delete

NAME **NIELSON, ALBERT**  
STREET ADDRESS **9312 ADLER ST**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **T** ☒ Delete

NAME **WARD, SALLY**  
STREET ADDRESS **12345 TERRA CEIA AVE.**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **S** ☐ Delete

NAME **SPEER, VERNA**  
STREET ADDRESS **12405 CLEAR LAKE DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **T** ☐ Delete

NAME **SMITH, MARGIE**  
STREET ADDRESS **12415 CATALONA AVENUE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **D** ☒ Delete

NAME **CRAMER, ETHEL**  
STREET ADDRESS **9846 CARDY ST**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☐ Add

NAME **ERISMAN WILLIAM R.**  
STREET ADDRESS **9924 SHOLTZ ST.**  
CITY-ST-ZIP **NEW PORT RICHEY FL. 34654**

TITLE **D** ☐ Change ☐ Add

NAME **HEXEMER, LEROY C.**  
STREET ADDRESS **9820 SHERYL DR.**  
CITY-ST-ZIP **NEW PORT RICHEY FL. 34654**

TITLE **D** ☐ Change ☒ Addition

NAME **ERISMAN JACK**  
STREET ADDRESS **9906 SHOLTZ ST.**  
CITY-ST-ZIP **NEW PORT RICHEY FL. 34654**

TITLE **D** ☐ Change ☒ Addition

NAME **GERBER KENNETH**  
STREET ADDRESS **10326 AMADEUS DR.**  
CITY-ST-ZIP **PORT RICHEY FL. 34668**

TITLE ☐ Change ☐ Addition

NAME **S**  
STREET ADDRESS **CRAMER ETHEL**  
CITY-ST-ZIP **9846 CARDY ST.**  
**NEW PORT RICHEY FL. 34654**

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: Theodore R. Jarrett** **THEODORE R. JARRETT** **1-19-00 (717) 856-3398**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #