

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90090 037 ****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**

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

59-2307284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

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

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

TITLE **D** ☐ Delete
NAME **KENNETH, HERBER**
STREET ADDRESS **10326 AMADEUS DR**
CITY-ST-ZIP **PORT RICHEY FL 34668**

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

TITLE **S** ☐ 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 ☐ Addition
NAME **ERISMAN, WILLIAM**
STREET ADDRESS **9924 SHOLTZ ST.**
CITY-ST-ZIP **NEW PORT RICHEY FL. 34654**

TITLE **S** ☐ Change ☐ Addition
NAME **SPEER, VERNA**
STREET ADDRESS **12405 CLEAR LAKE DR.**
CITY-ST-ZIP **NEW PRT RICHEY FL. 34654**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)