

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90081 050 \*\*\*\*70.00

**DOCUMENT # 705767**

1. Entity Name

**ST. JAMES CITY CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2420 LEMON ST  
 PO BOX 605  
 ST JAMES CITY FL 33956

2420 LEMON ST  
 PO BOX 605  
 ST JAMES CITY FL 33956-0605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6148494**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**604701**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAFFERTY, FRANCIS**  
**4224 LAKE HEATHER CIR**  
**ST. JAMES CITY FL 33956**

Name **ROBERT FURROW**  
 Street Address (P.O. Box Number is Not Acceptable) **3043 BRACCI DR**  
 City **ST. JAMES CITY FL** Zip Code **33956**

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 ROBERT FURROW TREASURER Robert Furrow 1/12/2000  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD RAFFERTY, FRANCIS	<input type="checkbox"/> Delete
STREET ADDRESS	4224 LAKE HEATHER CIR	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE NAME	D DENNIS WARD	<input type="checkbox"/> Delete
STREET ADDRESS	2272 YORK RD.	
CITY-ST-ZIP	ST. JAMES CITY FL	
TITLE NAME	VD RICH, CHARLES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2354 BAYBREEZE CT.	
CITY-ST-ZIP	ST. JAMES CITY FL 33956	
TITLE NAME	TD FURROW, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	3043 BRACCI DR	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE NAME	D GEORGE, TONY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2869 BUTTONWOOD KEY CT	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DS SCALZO ALICE SCALZO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3628 TROPICAL POINT DR	
CITY-ST-ZIP	ST. JAMES CITY FL 33956	
TITLE NAME	D RICH CHARLES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2354 BAYBREEZE CT	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE NAME	VD DONALD KNOLL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3916 PLUMOSA DR.	
CITY-ST-ZIP	ST. JAMES CITY FL 33956	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ROBERT FURROW DIRECTOR 1/12/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

941 283 051