

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90002 031 ****61.25

DOCUMENT # 705767

1. Entity Name

ST. JAMES CITY CIVIC ASSOCIATION, INC.

Principal Place of Business

2420 LEMON ST
 PO BOX 605
 ST JAMES CITY FL 33956

Mailing Address

2420 LEMON ST
 PO BOX 605
 ST JAMES CITY FL 33956

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

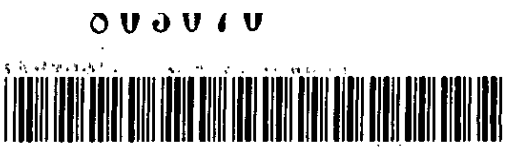
Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FURROW, ROBERT
3043 BRACCI DR
ST. JAMES CITY FL 33956

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	MD	<input type="checkbox"/> Delete
NAME	RAFFERTY, FRANCIS	
STREET ADDRESS	4424 LAKE HEATHER CIR	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DENNIS WARD	
STREET ADDRESS	2272 YORK RD.	
CITY-ST-ZIP	ST JAMES CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KNOLL, DONALD	
STREET ADDRESS	3916 PLUMOSA DR	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FURROW, ROBERT	
STREET ADDRESS	3043 BRACCI DR	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCALZO, ALICE	
STREET ADDRESS	3628 TROPICAL POINT DR	
CITY-ST-ZIP	SAINT JAMES CITY FL 33956	
TITLE	D	<input type="checkbox"/> Delete
NAME	Laurie Dockus	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ray Everling	
STREET ADDRESS	3952 Cherry Lane	
CITY-ST-ZIP	St James City, FL 33956	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Carter	
STREET ADDRESS	3002 Bracci Dr.	
CITY-ST-ZIP	St James City, FL 33956	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara LaPlante	
STREET ADDRESS	2343 Date St	
CITY-ST-ZIP	St James City, FL 33956	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Radford	
STREET ADDRESS	3513 Stabile Rd	
CITY-ST-ZIP	St James City, FL 33956	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Dekker	
STREET ADDRESS	5724 Genesee Pky	
CITY-ST-ZIP	Dekeelia, FL 33922	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laurie Dockus	
STREET ADDRESS	2492 York Rd	
CITY-ST-ZIP	St James City, FL 33956	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)