

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

008445

**DOCUMENT # 705767**

02-04-2002 90116 041 \*\*\*\*61.25

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

Zip

Country

Zip

Country

4. FEI Number **59-6148494**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>RAFFERTY, FRANCIS</b>	
STREET ADDRESS	<b>4424 LAKE HEATHER CIR</b>	
CITY-ST-ZIP	<b>ST JAMES CITY FL 33956</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DENNIS WARD</b>	
STREET ADDRESS	<b>2272 YORK RD.</b>	
CITY-ST-ZIP	<b>ST JAMES CITY FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>KNOLL, DONALD</b>	
STREET ADDRESS	<b>3916 PLUMOSA DR</b>	
CITY-ST-ZIP	<b>ST. JAMES CITY FL 33956</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>FURROW, ROBERT</b>	
STREET ADDRESS	<b>3043 BRACCI DR</b>	
CITY-ST-ZIP	<b>ST JAMES CITY FL 33956</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>SCALZO, ALICE</b>	
STREET ADDRESS	<b>3828 TROPICAL POINT DR</b>	
CITY-ST-ZIP	<b>SAINT JAMES CITY FL 33956</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAM CARTER</b>	
STREET ADDRESS	<b>BRACCI DR</b>	
CITY-ST-ZIP	<b>SAINT JAMES CITY FL 33956</b>	

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* **ROBERT FURROW TD** **1/11/2002**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)