

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706357

1. Entity Name

OSTEEN CIVIC ASSOCIATION INC

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90004 037 ****61.25

Principal Place of Business

165 NEW SMYRNA BLVD
OSTEEN FL 32764
US

Mailing Address

P O BOX 131
OSTEEN FL 32764

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

59-2930091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, JEANNE
390 GOBBLER LODGE RD
OSTEEN FL 32764

Name **COLLINS, JEANNE**
Street Address (P.O. Box Number is Not Acceptable)
225 ORANGE BLVD
City **OSTEEN** FL **32764**

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

Jeanne Collins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

July 1, 2000

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 **PD** ☐ Delete
NAME **COMBS, ALEX**
STREET ADDRESS **806 SWALLOW LANE**
CITY-ST-ZIP **OSTEEN FL 32764**

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

TITLE **VD** ☐ Delete
NAME **NORMANDY, EUGENE**
STREET ADDRESS **206 MEADOWLARK**
CITY-ST-ZIP **OSTEEN FL 32764**

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

TITLE **SD** ☐ Delete
NAME **MENAGUALE, PHILLIS**
STREET ADDRESS **901 BLUE HERON**
CITY-ST-ZIP **OSTEEN FL 32764**

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

TITLE **TD** ☐ Delete
NAME **COLLINS, JEANNE**
STREET ADDRESS **390 GOBBLERS LODGE RD**
CITY-ST-ZIP **OSTEEN FL**

TITLE ☒ Change ☐ Addition
NAME **COLLINS, JEANNE**
STREET ADDRESS **225 ORANGE BLVD**
CITY-ST-ZIP **OSTEEN FL 32764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Jeanne Collins

7-1-2000 (407) 323-3412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)