

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90340 006 ****61.25

DOCUMENT # 706357

1. Entity Name

OSTEEN CIVIC ASSOCIATION INC

Principal Place of Business

Mailing Address

**165 NEW SMYRNA BLVD
 OSTEEN FL 32764
 US**

**P O BOX 131
 OSTEEN FL 32764**

2. Principal Place of Business

3. Mailing Address

165 NEW SMYRNA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OSTEEN FLORIDA

4. FEI Number

59-2930091

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

32764

US

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
 225 ORANGE BLVD
 OSTEEN FL 32764**

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

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

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

TITLE ☐ Delete
 NAME **TD COLLINS, JEANNE**
 STREET ADDRESS **225 ORANGE BLVD**
 CITY-ST-ZIP **OSTEEN FL 32764**

TITLE ☒ Delete
 NAME **VD BAUM, EARL**
 STREET ADDRESS **603 PELICAN LANE**
 CITY-ST-ZIP **OSTEEN FL 32764**

TITLE ☒ Delete
 NAME **D COMBD, ALEX**
 STREET ADDRESS **806 SWALLOW LANE**
 CITY-ST-ZIP **OSTEEN FL 32764**

TITLE ☒ Change ☐ Addition
 NAME **PRESIDENT MERIDETH, KENNETH**
 STREET ADDRESS **917 IRON BEND TRAIL**
 CITY-ST-ZIP **OSTEEN, FL 32764**

TITLE ☒ Change ☐ Addition
 NAME **VICE PRESIDENT COMBS, ALEX**
 STREET ADDRESS **806 SWALLOW LANE**
 CITY-ST-ZIP **OSTEEN FL 32764**

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

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

TITLE ☒ Change ☐ Addition
 NAME **D PARKER, JOYCE**
 STREET ADDRESS **300 PARKINSON**
 CITY-ST-ZIP **OSTEEN FL 32764**

TITLE ☒ Change ☐ Addition
 NAME **D HELLER, LARRY**
 STREET ADDRESS **PO BOX 429**
 CITY-ST-ZIP **OSTEEN FL 32764**

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

JEANNE COLLINS 09 APR 02 323-3412

Date

Daytime Phone #

CR2E037 (9/01)