

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707497

1. Entity Name

GROVE CITY CIVIC ASSOCIATION, INC.

FILED

Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90196 026 ****61.25

Principal Place of Business

2080 OYSTER CREEK DR
GROVE CITY FL 34224
US

Mailing Address

P.O BOX 5201
GROVE CITY STATION
GROVE CITY FL 34224
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1936 Georgia Ave

City & State

City & State

Englewood, FL

Zip

Country

Zip

Country

34224 Charlotte

6. Name and Address of Current Registered Agent

BERGHOEF, GERARD
2080 OYSTER CREEK DR
GROVE CITY FL 34224

7. Name and Address of New Registered Agent

Name

Moore, Tom

Street Address (P.O. Box Number is Not Acceptable)

Grove City Civic Assoc

City

1936 Georgia Ave

State

Englewood

Zip Code

FL 34224

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

Tom Moore

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/02

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	P	BERGHOEF, GERARD	<input checked="" type="checkbox"/> Delete
NAME		2080 OYSTER CREEK DRIVE	
STREET ADDRESS		GROVE CITY FL 34224	
CITY-ST-ZIP			
TITLE	VP	MASCOOP, ELLIOTT	<input type="checkbox"/> Delete
NAME		9300 PINE COVE DR	
STREET ADDRESS		ENGLEWOOD FL 34224	
CITY-ST-ZIP			
TITLE	S	SHINSKE, AUDREY	<input type="checkbox"/> Delete
NAME		2820 12TH STREET	
STREET ADDRESS		GROVE CITY FL	
CITY-ST-ZIP			
TITLE	T	BROKAW, JODY	<input checked="" type="checkbox"/> Delete
NAME		8171 DREW STR.	
STREET ADDRESS		GROVE CITY FL 34224	
CITY-ST-ZIP			
TITLE	D	FERGUSON, ERNIE	<input type="checkbox"/> Delete
NAME		2122 ARKANSAS AVE	
STREET ADDRESS		GROVE CITY FL	
CITY-ST-ZIP			
TITLE	D	FORD, ALAN	<input type="checkbox"/> Delete
NAME		2481 SANDY LANE	
STREET ADDRESS		ENGLEWOOD FL 34224	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	Moore, Tom	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1936 Georgia Ave	
STREET ADDRESS		Englewood, FL 34224	
CITY-ST-ZIP			
TITLE			<input 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	T	Armstrong, Deetsy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2092 Oyster Creek Dr	
STREET ADDRESS		Englewood, FL 34224	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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:

Tom Moore REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 941-474-6395

Date

Daytime Phone #

CR2E037 (9/01)