

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708412

1. Entity Name

HARBOR COVE CIVIC ASSOCIATION, INC.

Principal Place of Business

499 IMPERIAL DRIVE
HARBOR COVE
NORTH PORT FL 34287

Mailing Address

499 IMPERIAL DRIVE
HARBOR COVE
NORTH PORT FL 34287-1565

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

65-0156330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRETT, CAROLYN
647 FAIRMOUNT DR.
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name SCHNEIDER, RICHARD A.

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

715 RIVERVIEW CIRCLE

NORTH PORT, FL 34287

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 PD
NAME BARRETT, CAROLYN ☒ Delete
STREET ADDRESS 647 FAIRMOUNT DR.
CITY-ST-ZIP NORTH PORT FL 34287

TITLE VPD
NAME SCHNEIDER, RICHARD ☐ Delete
STREET ADDRESS 715 RIVERVIEW CIRCLE
CITY-ST-ZIP NORTH PORT FL 34287

TITLE VPD
NAME ADAMS, ELIZABETH ☐ Delete
STREET ADDRESS 554 PARKWOOD AVE
CITY-ST-ZIP NORTH PORT FL 34257

TITLE SD
NAME ZELLERS, MARY ☐ Delete
STREET ADDRESS 711 FAIRMONT DR
CITY-ST-ZIP NORTH PORT FL 34287

TITLE TD
NAME RIFE, MOLLY ☒ Delete
STREET ADDRESS 544 TAMPICO DRIVE
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME SCHNEIDER, RICHARD A.
STREET ADDRESS 715 RIVERVIEW CIRCLE
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE VPD ☒ Change ☐ Addition
NAME ADAMS, ELIZABETH
STREET ADDRESS 534 PARKWOOD AVE
CITY-ST-ZIP NORTH PORT FL 34287

TITLE VPD ☐ Change ☒ Addition
NAME CROWELL, MARGARET
STREET ADDRESS 544 FLEETWOOD AVE
CITY-ST-ZIP NORTH PORT, FL 34287

TITLE SD ☐ Change ☐ Addition
NAME ZELLERS, MARY
STREET ADDRESS 711 FAIRMONT DR.
CITY-ST-ZIP NORTH PORT FL 34287

TITLE TD ☐ Change ☒ Addition
NAME MEDEIROS JEANETTE
STREET ADDRESS 220 BLACKBURN BLVD
CITY-ST-ZIP NORTH PORT FL 34287

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:

SIGNATURE REQUIRED

3/10/00 941 426-9564

Date

Daytime Phone #

CR20037 (0/00)